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:	**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.
Measure ID:	**PI_HIE_4**
Exclusion:	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.
Measure Exclusion ID:	**PI_LVITC_2**

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.

NOTE: A MIPS eligible clinician must verify that the fields for Current Problem List, Current Medication List, and Current Medication Allergy list aren't blank and include the most recent information known by the MIPS eligible clinician as of the time of generating the summary of care document or include a notation of no current problem, medication, and/or medication allergies.

Reporting Requirements

Numerator/Denominator

- **NUMERATOR:** Number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following 3 clinical information sets: (1) Current Medication List – Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) Current Medication Allergy List – Review of the patient's known medication allergies; and (3) Current Problem List – Review of the patient's current and active diagnoses.
- **DENOMINATOR:** Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.

Scoring Information

- Required for MIPS Promoting Interoperability Performance Category Score: **Yes, unless submitting one of the alternative measures: Health Information Exchange (HIE) Bi-Directional Exchange (PI_HIE_5), or Enabling Exchange Under the Trusted Exchange Framework and Common Agreement™ (TEFCA™) (PI_HIE_6)**
- Measure Score: **15 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 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.
- The denominator would increase on the receipt of an electronic summary of care record or after the MIPS eligible clinician engages in workflows to obtain an electronic summary of care record for a transition of care, referral, or patient encounter in which the MIPS eligible clinician has never before encountered the patient.
- The numerator would increase upon completion of clinical information reconciliation of the electronic summary of care record for medications, medication allergies, and current problems.
- The MIPS eligible clinician isn’t required to manually count each individual non-health-IT-related action taken to engage with other providers of care and care team members to identify and obtain the electronic summary of care record. Instead, the measure focuses on the result of these actions when an electronic summary of care record is successfully identified, received or retrieved, and reconciled with the patient record.
- If the exclusion is claimed for this measure, the 15 points will be redistributed to the Support Electronic Referral Loops by Sending Health Information measure.
- Actions included in the numerator must occur within the performance period.
- Only patients whose records are maintained using CEHRT must be included in the denominator.
- If no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.
- Apart from the 3 fields noted as required for the summary of care record (i.e., Current Problem List, Current Medication List, and Current Medication Allergy List), in circumstances where there is no information available to reconcile one or more of the fields listed, either because there is no such information to reconcile, the MIPS eligible clinician may leave the field(s) blank and still meet the measure.
- Non-medical staff may conduct reconciliation under the direction of the MIPS eligible clinician as long as the clinician or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant clinical decision support (CDS).

- MIPS eligible clinicians may use any document template within the Consolidated Clinical Document Architecture (C-CDA) standard for purposes of the measures under the HIE objective.
- The exclusion is the sum total of fewer than 100 referrals, transitions or patients never before encountered by the MIPS eligible provider during the 180-day performance period, regardless of if there was an electronic summary of care document received/retrieved.
- MIPS eligible clinicians may claim the exclusion if they are reporting as a group, virtual group, or Alternative Payment Model (APM) Entity. However, the group, virtual group, or APM Entity must meet the requirements of the exclusion as a group, virtual group, or APM Entity.
- When reporting as a group, virtual group, or 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
§170.315(b)(1) Transitions of Care §170.315(b)(2) Clinical Information Reconciliation and Incorporation

Version History Table

Date	Change Description
12/15/2025	Original posting.