Merit-Based Incentive Payment System (MIPS)
Promoting Interoperability Performance Category Measure
2026 Performance Period

Objective:	**Protect Patient Health Information** Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record (EHR) technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.
Measure:	**High Priority Practices Safety Assurance Factors for EHR Resilience (SAFER) Guide** Conduct an annual self-assessment using the 2025 High Priority Practices SAFER Guide at any point during the calendar year in which the performance period occurs.
Measure ID:	**PI_PPHI_2**

Definition of Terms

N/A

Reporting Requirements

"Yes"/"No" Response

The MIPS eligible clinician must attest "Yes" to conducting an annual self-assessment using the 2025 High Priority Practices SAFER Guide during the calendar year in which the performance period occurs.

Scoring Information

- Required for MIPS Promoting Interoperability Performance Category Score: **Yes**
- Score: **N/A**
- Eligible for Bonus Score: **No**

NOTE: A MIPS eligible clinician 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" 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 IT 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).
- To complete the High Priority Practices SAFER Guide self-assessment, MIPS eligible clinicians are expected to fill out the checklist and practice worksheet at the beginning of the Guide.
- The High Priority Practices SAFER Guide annual self-assessment isn't restricted to any 180-day reporting period and may be completed anytime during the calendar year in which the performance period occurs.
- The High Priority Practices SAFER Guide self-assessment should be conducted by the MIPS eligible clinician, group or virtual group for each CEHRT the clinician, group or virtual group is using to report the MIPS Promoting Interoperability performance category measures
- Failure to report to a "Yes" for the High Priority Practices SAFER Guide measure will result in no score for the Promoting Interoperability performance category, regardless of whether other measures in this category are reported.
- The High Priority Practices SAFER Guide measure isn't scored and doesn't contribute any points to the MIPS eligible clinician's, group's, virtual group's, or Alternative Payment Model (APM) Entity's total score.
- The MIPS eligible clinician doesn't have to confirm that it has implemented "fully in all areas" of each practice described in the High Priority Practices SAFER Guide, nor will the MIPS eligible clinician be scored on how many of the practices are fully implemented.
- If you're reporting as a group, virtual group, APM Entity, the group, virtual group, or APM Entity must attest to having conducted an annual self-assessment using the High Priority Practices SAFER Guide. The group, virtual group, or APM Entity's response to the High Priority Practices SAFER Guide measure applies to all MIPS eligible clinicians within the group, virtual group, or APM Entity.
- 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) 2026 Physician Fee Schedule final rule (90 FR 49877).
- There is no health IT certification criteria.

Version History Table

Date	Change Description
12/15/2025	Original posting.