



2026 Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category: Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation Fact Sheet

Overview

To increase accountability among certified health information technology (IT) developers and vendors by ensuring MIPS eligible clinicians' Health IT Modules conform to ONC Health IT Certification Program's requirements not only during implementation of certified electronic health record (EHR) technology (CEHRT), but also while CEHRT is being used during patient care and in care delivery, the MIPS Promoting Interoperability performance category requires MIPS eligible clinicians to cooperate in good faith with ONC's direct review of their health IT certified under the ONC Health IT Certification Program (as authorized by 45 CFR part 170, subpart E), if a request to assist in ONC direct review is received.

What is ONC Direct Review?

If a MIPS eligible clinician receives a request to assist in ONC direct review, the MIPS eligible clinician is required to work in good faith with ONC to grant timely access to its CEHRT and demonstrate its capabilities as implemented and used in care delivery. ONC direct review increases accountability among certified health IT developers and vendors by ensuring a MIPS eligible clinician's CEHRT conforms to the ONC Health IT Certification Program requirements not only during implementation of CEHRT, but also while CEHRT is being used during patient care and in care delivery.

Is an Attestation Required?

To meet the requirements for the MIPS Promoting Interoperability performance category, a MIPS eligible clinician **must** attest to the ONC Direct Review 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 response for the ONC Direct Review attestation made 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 attest **“Yes”** to the ONC Direct Review attestation. Reporting a **“Yes”** response won’t affect the total number of points earned for the MIPS Promoting Interoperability performance category. However, leaving the ONC Direct Review attestation **blank (N/A, --)** or reporting a **“No”** response will result in a **score of zero** for the MIPS Promoting Interoperability performance category because a **“Yes”** response is required to satisfy the requirements and earn a MIPS Promoting Interoperability performance category score.

What Is Being Attested to?

A MIPS eligible clinician is attesting to the following statements:

- (1) I acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and
- (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

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

A MIPS eligible clinician doesn’t have to provide any documentation showing that they’ll act in good faith to cooperate with the ONC Direct Review process.

What Are the Other MIPS Promoting Interoperability Requirements?

In addition to attesting “Yes” for the ONC Direct Review attestation, a MIPS eligible clinician must use technology certified to 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” 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.

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