



Merit-Based Incentive Payment System (MIPS)

Promoting Interoperability Performance Category Measure

2026 Performance Period

Objective:	Provider to Patient Exchange The MIPS eligible clinician provides patients (or patient-authorized representatives) with timely electronic access to their information.
Measure:	Provide Patients Electronic Access to Their Health Information For at least one unique patient seen by the MIPS eligible clinician: 1. The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and 2. The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record (EHR) technology (CEHRT).
Measure ID:	PI_PEA_1

Definition of Terms

API or Application Programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a health care provider or provider organization to provide the patient with access to their health information through a third-party application.

Provide Access – When a patient possesses all necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need to view, download, or transmit their information.

Timely Access – Within 4 business days of the information being available to the MIPS eligible clinician.

Unique Patient – If a patient is seen by a MIPS eligible clinician more than once during the performance period, then, for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term “unique patient” relate to what is contained in the patient’s medical record. Not all information will need to be updated or even be needed by the MIPS eligible clinician at every patient encounter.

This is especially true for patients whose encounter frequency is such that they would see the same MIPS eligible clinician multiple times in the same performance period.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** Number of patients in the denominator (or patient authorized representatives) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the MIPS eligible clinician's CEHRT.
- **DENOMINATOR:** Number of unique patients seen by the MIPS eligible clinician during the performance period.

Scoring Information

- Required for MIPS Promoting Interoperability Performance Category Score: **Yes**
- Measure Score: **25 points**
- 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” 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.
- Actions included in the numerator must occur within the performance period.

- To implement an API, the MIPS eligible clinician would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API. MIPS eligible clinicians can't prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. MIPS eligible clinicians are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.
- Similar to how MIPS eligible clinicians support patient access to view, download, or transmit capabilities, MIPS eligible clinicians should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- In circumstances where there is no information available to populate one or more of the fields previously listed, either because the MIPS eligible clinicians can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the MIPS eligible clinician may have an indication that the information isn't available and still meet the objective and its associated measure.
- The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR) or by other online electronic means. While a covered entity may be able to fully satisfy a patient's request for information through view, download, or transmit, the measure doesn't replace the covered entity's responsibilities to meet the broader requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide an individual, upon request, with access to protected health information (PHI) in a designated record set.
- MIPS eligible clinicians should also be aware that while the measure is limited to the capabilities of CEHRT to provide online access, there may be patients who can't access their EHRs electronically because of a disability. MIPS eligible clinicians who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- For this measure, MIPS eligible clinicians must offer all 4 functionalities (view, download, or transmit and access through API) to their patients. Patient health information needs to be made available to each patient to view, download, or transmit within 4 business days of the information being available to the MIPS eligible clinician for every time that information is generated whether the patient has been "enrolled" for 3 months or for 3 years.
- A patient who has multiple encounters during the performance period, or even in subsequent performance periods in future years, needs to be provided access for each encounter where they are seen by the MIPS eligible clinician.
- Patients who don't have an e-mail address shouldn't be excluded from the measure as all patients should be provided access.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to "opt out" of participation, the MIPS eligible clinician may count that patient in the numerator if the patient is provided all necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the MIPS eligible clinician.
- The MIPS eligible clinician must continue to update the information accessible to the patient each time new information is available.
- For view, download, or transmit functionality, the required content is:
 - [United States Core Data for Interoperability \(USCDI\)](#)
 - Provider's name and office contact information.
 - Laboratory test report(s).
 - Diagnostic image report(s).
- For API functionality the required data set is the [USCDI](#)

- When reporting as a group, virtual group, or Alternative Payment Model (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) 2019 Physician Fee Schedule final rule ([83 FR 59789](#)).

Certification Criteria

Below are the corresponding certification criteria for health IT that support this measure.

Certification Criteria	
§170.315(e)(1) View, Download, and Transmit to 3rd Party §170.315(g)(7) Application Access — Patient Selection § 170.315(g)(9) Application Access — All Data Request § 170.315(g)(10) - Application access — standardized API for patient and population services	

Version History Table

Date	Change Description
12/15/2025	Original posting.