



2026 Merit-based Incentive Payment System (MIPS)

Promoting Interoperability Performance Category Data Validation Criteria

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
PI_PPHI_1	Security Risk Analysis	First, conduct or review a security risk analysis; and second, conduct security risk management activities, in accordance with the requirements under 45 CFR 164.308(a)(1)(ii)(A) and (B). Security risk analysis and management activities include addressing the security of data created or maintained by certified electronic	Required	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to performing and reviewing the security risk analysis AND security risk management activities prior to the date of attestation on an annual basis for the CEHRT(s) used during the reporting period. It's acceptable for the security risk analysis and the risk management activities to be conducted outside the performance period; however, they must be conducted within	*A dated report or screenshot that documents the procedures and results of the security risk analysis and the security risk management activities. Notes: The measure requires clinicians to address encryption/security of data stored in CEHRT. At minimum, clinicians should be able to show a plan for correcting or mitigating deficiencies and steps that were taken to

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		health record (EHR) technology (CEHRT) (to include encryption), in accordance with 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3). The encryption implementation specified at 45 CFR 164.312(a)(2)(iv) must be implemented if it is reasonable and appropriate; if encryption isn't reasonable and appropriate, then the MIPS eligible clinician would adopt an equivalent alternative measure if it is reasonable and appropriate to do so.			the calendar year of the MIPS performance period (January 1 – December 31). An analysis must be done upon installation or upgrade to a new system and a review must be conducted covering each MIPS performance period. Notes: • The security risk analysis and risk management activities must be performed on the actual CEHRT(s) that cover the selected performance period and hold the production data being used to report on the Promoting Interoperability performance category measures. • If you are using data from two or more different CEHRTs for the Promoting Interoperability performance category, you must complete the security risk analysis and management activities for each CEHRT.	implement that plan. • Any documentation of a security risk analysis and risk management activities performed will suffice; the report doesn't need to come from CEHRT.

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PI_PPHI_2	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.	Required	Yes/No Statement	The MIPS eligible clinician must submit "Yes" to conducting an annual self-assessment using the 2025 High Priority Practices SAFER Guide (https://www.healthit.gov/topic/safety/safer-guides) during the 2025 performance period.	*A dated report or screenshot of the self-assessment in the 2025 High Priority Practices SAFER Guide. The self-assessment includes both the checklist found on pages 6 -7 and the recommended practice worksheets (1.1 – 3.3) found on pages 10 - 27.
PI_EP_1	e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Required	Numerator/ Denominator	At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically via CEHRT.	*A dated report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)). Notes: • Paper prescriptions may not be excluded from the denominator of this measure. • The denominator includes all prescriptions written by the MIPS eligible clinicians during the performance period.
PI_LVPP_1	e-Prescribing Exclusion	Any MIPS eligible clinician who writes fewer than 100 permissible	Required only if submitting an exclusion	Yes	To submit an exclusion for the e-Prescribing measure, MIPS eligible clinicians must select the PI_LVPP_1 exclusion. Any	*A dated report or screenshot from the CEHRT that shows the number of permissible prescriptions written by the

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		prescriptions during the performance period.	for the PI_EP_1.		submission of a numerator or denominator for the e-Prescribing measure will void out the exclusion.	MIPS eligible clinician during the performance period.
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.	Required	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to using data from CEHRT to conduct a query of a PDMP for prescription drug history prior to electronically prescribing a patient a Schedule II opioid, Schedule III drug or Schedule IV drug using CEHRT. Notes: • A direct interface between the clinician's CEHRT and the PDMP isn't required. • You may manually enter the results of your query of the PDMP into your CEHRT.	*A dated report or screenshot that shows the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history for at least one patient prior to electronically prescribing the patient a Schedule II opioid, or Schedule III or IV drug. Note: • Data from CEHRT would include any information that ensures the right patient is being queried in the PDMP, for example the patient's name, date of birth (DOB), and the electronically prescribed schedule II, III, or IV drug.
PI_EP_2_EX_1	Query of PDMP Exclusion 1	Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in	Required only if submitting PI_EP_2_EX_1 for PI_EP_2.	Yes	To submit an exclusion for PI_EP_2, MIPS eligible clinicians must select an exclusion (PI_EP_2_EX_1 or PI_EP_2_EX_2). The submission of a "Yes" for PI_EP_2: Query of	*A written explanation of eligible clinician type or reference to the law.

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		accordance with applicable law during the performance period.			PDMP will void out the exclusion.	
PI_EP_2_EX_2	Query of PDMP Exclusion 2	Any MIPS eligible clinician who doesn't electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.	Required only if submitting PI_EP_2_EX_2 for PI_EP_2.	Yes	To submit an exclusion for PI_EP_2, MIPS eligible clinicians must select an exclusion (PI_EP_2_EX_1 or PI_EP_2_EX_2). The submission of a "Yes" for PI_EP_2: Query of PDMP will void out the exclusion.	*A dated report or screenshot from the CEHRT that shows the number of permissible prescriptions written by the MIPS eligible clinician during the performance period.
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.	Required	Numerator/ Denominator	When a patient is transitioned or referred to another setting of care or health care provider, the summary of care document must be generated by the CEHRT in a Consolidated Clinical Document Architecture (C-CDA) format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party health information exchange (HIE). Notes: • A MIPS eligible clinician must	*A dated report or screenshot that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care and/or referrals to another setting of care or health care provider during the performance period.

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					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. • Reasonable certainty of receipt includes not receiving a bounce back, or receiving a message, fax, phone call or other communication to the referring doctor that the summary of care document has been received.	
PI_LVOTC_1	Support Electronic Referral Loops by Sending Health Information Exclusion	Any MIPS eligible clinician who transfers patients to another setting or refers patients fewer than 100 times during the performance period.	Required only if submitting PI_LVOTC_1 for PI_HIE_1.	Yes	The PI_LVOTC_1 exclusion can be selected by any MIPS eligible clinician who transfers patients to another setting or refers patients a sum total of fewer than 100 times during the performance period.	*A dated report or screenshot from the CEHRT that shows the number of times that the MIPS eligible clinician transfers and/or refers patients to another setting of care or to another health care provider during the performance period.

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PI_HIE_4	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.	Required	Numerator/ Denominator	Receives or retrieves and reconciles an electronic summary of care record into the CEHRT when a patient is transitioned or referred to the MIPS eligible clinician AND the MIPS eligible clinician performs a review of medication(s), medication allergies, and current problem list.	*A dated report or screenshot that shows the number of times the MIPS eligible clinician: • Electronically retrieved or received and reconciled a summary of care document into the CEHRT for a transition of care received, referral received, or patient encounter in which the MIPS eligible clinician has never before encountered the patient during the performance period. • Performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the MIPS eligible clinician has never before encountered during the performance period. Note: • If no update is necessary, the process of reconciliation

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						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.
PI_LVITC_2	Support Electronic Referral Loops by Receiving and Reconciling Health Information 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.	Required only if submitting PI_LVITC_2 for PI_HIE_4.	Yes	The exclusion of less than 100 is the sum total of fewer than 100 referrals, transitions or patients never before encountered by the MIPS eligible provider during the performance period, regardless of if there was an electronic summary of care document received/retrieved.	*A dated report or screenshot from the CEHRT that shows the number of times the MIPS eligible clinician receives a transition of care or referral or has patient encounters in which the clinician has never before encountered the patient during the performance period.
PI_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.	Required only if submitting as an alternative to PI_HIE_1 and PI_HIE_4 or an alternative to PI_HIE_6.	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to establishing the technical capacity and workflows to engage in bi-directional exchange via an HIE for all patients seen by the MIPS eligible clinician and for any patient record stored or maintained in CEHRT, consistent with the attestation statements.	*A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing HIE services. OR Letter, email or other documentation from the entity providing HIE services confirming participation of the MIPS eligible clinician, the

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					Note: • Full bi-directional functionality must be turned on and being used for the entire performance period.	date of on-boarding, a description of services provided, and a description of exchange network participants (e.g. number/type of participating providers). OR Letter, email or other documentation from the MIPS eligible clinician's CEHRT vendor confirming a connection between the MIPS eligible clinician's CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g. number/type of participating providers) for the duration of the performance period.
PI_HIE_6	Enabling Exchange Under the Trusted Exchange Framework and Common	MIPS eligible clinicians would attest to the following: • Participating as a signatory to a Framework Agreement (as that term is defined	Required only if submitting as an alternative to PI_HIE_1 and	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to the following statements: • I participate as a signatory to a Framework Agreement in good standing and enable secure, bi-directional exchange	*A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing health information exchange services. Should include evidence to support

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	Agreement™ (TEFCA™)	by the Common Agreement for Nationwide Health Interoperability as published in the Federal Register and on the Assistant Secretary for Technology Policy/Office of the National Coordination for Health Information Technology (ASTP/ONC's) website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy. • Using the functions of CEHRT to support bi-	PI_HIE_4 or an alternative to PI_HIE_5.		of information to occur, in production, for every patient encounter, transition of care, or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy. • I use the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.	that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR Letter, email or other documentation from the entity providing health information exchange services confirming participation of MIPS eligible clinician, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g. number/type of participating providers). OR Letter, email or other documentation from the MIPS eligible clinician's CEHRT vendor confirming a connection between the MIPS eligible clinician's CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of

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		directional exchange of patient information, in production, under this Framework Agreement.				services provided, and a description of exchange network participants (e.g. number/type of participating providers) for the duration of the performance period.
PI_PEA_1	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 (VDT) 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	Required	Numerator/ Denominator	Provide the information necessary to grant access to the patient or their authorized representative in order to view, download, and transmit their health information using any application of the patient's choice meeting the technical specifications of the API in the MIPS eligible clinician's CEHRT. Notes: • The measure requires that the patient be provided all of the necessary information needed to access their health information on the first visit of the performance period including access through the API, so that should they choose to access their health information between the first visit and second visit, they may do so. • The patient doesn't have to	*A dated report or screenshot that documents the number of times a patient or patient-authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information, including: the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to access the information and meet the API technical specifications. Note: • Each unique patient will only

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		MIPS eligible clinician's CEHRT.			access their information to meet the numerator requirements. The patient cannot be counted in the numerator if the MIPS eligible clinician doesn't continue to update the information accessible to the patient each time new information is available.	be counted once in the numerator/denominator.
PI_PHCDRR_1	Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from a public health immunization registry/immunization information system (IIS).	Required	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS. Notes: - Bi-directionality is required and provides that certified health information technology (IT) must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record. - Non-vaccinating clinicians can get credit for the Immunization Registry Reporting measure for	*A dated report or screenshot that document successful registration or submission to the registry or PHA. OR *A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). OR *Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

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					Promoting Interoperability if they can query and receive results (i.e., the consolidated immunization record and forecast) into their EHR from the IIS in accordance with HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014).	
PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion 1	The MIPS eligible clinician doesn't administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or IIS during the performance period.	Required only if submitting PI_PHCDRR_1_EX_1 for PI_PHCDRR_1.	Yes	A MIPS eligible clinician who doesn't administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or IIS during the performance period.	*A dated report or screenshot that indicates that the MIPS eligible clinician didn't administer any immunizations to any population for which data is collected by its jurisdiction's immunization registry or IIS during the performance period.
PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion 2	The MIPS eligible clinician operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting PI_PHCDRR_1_EX_2 for PI_PHCDRR_1.	Yes	A MIPS eligible clinician who operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. Note: Exclusion PI_PHCDRR_1_EX_2	*A dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

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					doesn't apply if an entity designated by the immunization registry or IIS can receive electronic immunization data submissions.	
PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion 3	The MIPS eligible clinician operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.	Required only if submitting PI_PHCDRR_1_EX_3 for PI_PHCDRR_1.	Yes	A MIPS eligible clinician who operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6 months prior to the start of the performance period. Note: • If the registry hasn't declared readiness by July 1 of the year prior to the upcoming performance year that they will be ready by January 1 of the upcoming performance year, this exclusion may be claimed regardless of the selected performance period.	*A dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_1_PRE	Immunization Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA, or where applicable, the	Required only if PI_PHCDRR_1_PROD doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful registration with the registry or PHA. OR *Letter or email from registry

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		clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years don't need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA, or where applicable, the CDR within 30 days;				or PHA confirming registration.

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		failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_1_PROD	Immunization Registry Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if PI_PHCDRR_1_PRE doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful submission to the registry or PHA. OR *A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2	Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.	Bonus	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being in active engagement with a PHA or CDR to submit syndromic surveillance data from an urgent care setting where the jurisdiction accepts syndromic data from such settings and the	*A dated report or screenshot from CEHRT that documents successful registration or submission to the registry or PHA. OR *A dated report or screenshot of successful electronic

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					standards are clearly defined. Note: • Must satisfy the required measures in the Public Health and Clinical Data Exchange Objective to earn bonus points for any of the 4 optional measures.	transmission (e.g., screenshot from another system, etc.). OR *Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2_PRE	Syndromic Surveillance Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA, or where applicable, the CDR to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years don't	Required only if reporting PI_PHCDRR_2 and PI_PHCDRR_2_PROD doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful registration with the registry or PHA. OR *Letter or email from registry or PHA confirming registration including the date of the submission and name of sending and receiving parties.

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		need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA, or where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_2_PROD	Syndromic Surveillance Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically	Required only if reporting PI_PHCDRR_2 and PI_PHCDRR_2_PRE	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful submission to the registry or public health agency. OR *A dated report or screenshot of successful electronic transmissions (e.g., screenshot

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		submitting production data to the PHA or CDR.	doesn't apply.			from another system, etc.). OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3	Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a PHA to electronically submit case reporting of reportable conditions.	Required	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being in active engagement with a PHA or CDR to electronically submit case reporting of reportable conditions.	*A dated report or screenshot from CEHRT that document successful registration or submission to the registry or PHA. OR *A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion 1	The MIPS eligible clinician doesn't treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	Required only if submitting PI_PHCDRR_3_EX_1 for PI_PHCDRR_3.	Yes	A MIPS eligible clinician who doesn't treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	*A dated report or screenshot that indicates that the MIPS eligible clinician doesn't treat or diagnose any reportable diseases for which data is collected by the jurisdiction's reportable disease system during the performance period.
PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion 2	The MIPS eligible clinician operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting PI_PHCDRR_3_EX_2 for PI_PHCDRR_3.	Yes	A MIPS eligible clinician who operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.	*A dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion 3	The MIPS eligible clinician operates in a jurisdiction where no public health agency has	Required only if submitting PI_PHCDRR_3	Yes	A MIPS eligible clinician who operates in a jurisdiction where no PHA has declared readiness to receive electronic case	*A dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was

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		declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.	3_EX_3 for PI_PHCDRR_3.		reporting data as of 6 months prior to the start of the performance period. Note: • If the registry hasn't declared readiness by July 1 of the year prior to the upcoming performance year that the registry they are offering will be ready by January 1 of the upcoming performance year, this exclusion may be claimed regardless of the selected performance period.	unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_3_PRE	Electronic Case Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA, or where applicable, the CDR to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin	Required only if PI_PHCDRR_3_PROD doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful registration with the registry or PHA. OR *Letter or email from registry or PHA confirming registration including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
		testing and validation. MIPS eligible clinicians that have registered in previous years don't need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA, or where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_3_PROD	Electronic Case Reporting Active	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing	Required only if PI_PHCDRR_3_PRE	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful submission to the registry or PHA.

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*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
	Engagement Level 2	and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	doesn't apply.			OR *A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_4	Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a PHA to submit data to public health registries.	Bonus	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being in active engagement with a PHA to electronically submit data to public health registries. Note: • Must satisfy the required measures in the Public Health and Clinical Data Exchange Objective to earn bonus points for any of the 4 optional measures.	*A dated report or screenshot from CEHRT that document successful registration or submission to the PHA. OR *A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). OR *Letter or email from a PHA confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
PI_PHCDRR_4_PRE	Public Health Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA, or where applicable, the CDR to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years don't need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic	Required only if reporting PI_PHCDRR_4 and PI_PHCDRR_4_PROD doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful registration with the registry or PHA. OR *Letter or email from registry or PHA confirming registration.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
		submission of data. The MIPS eligible clinician must respond to requests from the PHA, or where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_4_PROD	Public Health Registry Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if reporting PI_PHCDRR_4 and PI_PHCDRR_4_PRE doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful submission to the registry or PHA. OR *A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
PI_PHCDRR_5	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a CDR.	Bonus	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being in active engagement with a CDR to electronically submit clinical data. Note: • Must satisfy the required measures in the Public Health and Clinical Data Exchange Objective to earn bonus points for any of the 4 optional measures.	*A dated report or screenshot from the CEHRT that document successful registration or submission to the registry. OR *A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_5_PRE	Clinical Data Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA, or where applicable, the CDR to which the information is being submitted. Registration must be completed within 60 days after the start of the performance	Required only if reporting PI_PHCDRR_5 and PI_PHCDRR_5_PROD doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful registration with the registry or PHA. OR *Letter or email from registry or PHA confirming registration.

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*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
		period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years don't need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA, or where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
PI_PHCDRR_5_PROD	Clinical Data Registry Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if reporting PI_PHCDRR_5 and PI_PHCDRR_5_PRE doesn't apply.	Yes	MIPS eligible clinicians should attest to whatever level they are at on the final day of their chosen performance period.	*A dated report or screenshot that document successful submission to the registry or PHA. OR *A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_6	Public Health Reporting Using Trusted Exchange Framework and Common Agreement (TEFCA)	The MIPS eligible clinician is (1) participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on the ASTP/ONC's website);	Bonus	Yes/No Statement	The MIPS eligible clinician must attest "Yes" to being a signatory to a Framework Agreement. The MIPS eligible clinician must also transmit electronic health information for at least one measure under the Public Health and Clinic Data Exchange objective using TEFCA. Note: • Must satisfy the required measures in the Public Health and Clinical Data Exchange	*A letter, email or other documentation from the entity providing health information exchange services confirming participation of the MIPS eligible clinician, the date of on-boarding, and a description of services provided. AND *A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.).

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
*When reports and screenshots are used as documentation to support the measure, they should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), clinician name, practice name, etc.).						
		(2) isn't suspended from participating in TEFCA Exchange; (3) submits health information using TEFCA to a PHA consistent with one or more of the measures under the Public Health and Clinical Data Exchange objective; (4) is in active engagement Option 2 (validated data production) with a PHA to transfer health information for one or more of the measures under the Public Health and Clinical Data Exchange objective; and (5) uses the functions of CEHRT to exchange with the PHA.			Objective to earn bonus points for any of the 4 optional measures.	OR *Letter or email from registry or PHA confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Version History

Date	Change Description
12/22/2025	Original version.