MingleHealth

2026 Promoting Interoperability Guide

Please note: In the 2024 Final Rule, CMS increased the reporting period for PI from 90 days to 180 days. July 5, 2026 is the last day your 180 day reporting period can begin.

- A group is considered Hospital Based if >75% of encounters occur in POS 19, 21, 22, or 23.
- If you qualify for exclusion criteria for any of the objectives/measures below, points will be re-weighted to another measure.

Objective	Measure	Scoring	Additional Information
Protect Patient Health Information	Security Risk Analysis (PI_PPHI_1) (Note: measure updated for 2026)	Required, unscored measures	A Yes response is mandatory for both the Security Risk Analysis and Safer Guide.
	Annual Review of High Priority Guide of SAFER, Safety Assurance Factors for EHR Resilience Guides (PI_PPHI_2) (Note: must use the updated 2025 High Priority Practices SAFER Guide)		
e-Prescribing	e-Prescribing (PI_EP_1)	up to 10 points (N/D x 10 = points)	Must report number of prescriptions in denominator generated/transmitted with CEHRT. Can qualify for exclusion if unable or does not electronically prescribe Schedule II opioids or Schedule III or IV drugs.
	Query of Prescription Drug Monitoring Program (PDMP) (PI_EP_2)	10 points	Yes or No response, mandatory.
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information (PI_PEA_1)	up to 25 points (N/D x 25 = points)	Must report at least one patient in numerator, no exclusions for this measure.
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information (PI_HIE_1)	up to 15 points (N/D x 15 = points)	Must report at least one patient in numerator. Can qualify for exclusion if < 100 referrals/transfer of care patients sent out from the practice.
	Support Electronic Referral Loops by Receiving and Reconciling Health Information (PI_HIE_4)	up to 15 points (N/D x 15 = points)	Must report at least one patient in numerator. Can qualify for exclusion if < 100 incoming referral/new patients.
Health Information Exchange (alternative)	Bi-Directional Data Exchange (PI_HIE_5)	30 points	Yes or No response with three attestation requirements. This alternate measure can be reported instead of, not combined with, the HIE measures above (HIE_1, HIE_4).
Health Information Exchange (alternative)	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (PI_HIE_6)	30 points	Yes or No response with two attestation requirements. This alternate measure can be reported instead of, not combined with, the HIE measures above (HIE_1 & HIE_4 or HIE_5).
Public Health and Clinical Data Exchange Note: Starting in 2024, providers can only spend one year in the Pre-Production and Validation level of engagement per measure. The following year, they must progress to the Validated Data Production level to continue to report that specific measure.	Immunization Registry Reporting (PI_PHCDRR_1)	25 points (report on both measures)	To be awarded full points, must be in: • Active engagement with two registries, or • Active engagement with one & excluded from one registry, or • Excluded from two registries. Up to five points bonus if active with any of four registries; no additional points for additional participation.
	Syndromic Surveillance Reporting (PI_PHCDRR_2)		
	Electronic Case Reporting (PI_PHCDRR_3)		
	Public Health Registry Reporting (PI_PHCDRR_4)	Report on any one measure for 5 points bonus	
	Clinical Data Registry Reporting (PI_PHCDRR_5)		
	Public Health Reporting Using TEFCA (PI_PHCDRR_6)		

Promoting Interoperability (PI) MIPS Performance Category:

The PI category makes up 25% of your MIPS score unless your practice has a special status which qualifies for PI reweighting, is approved for a PI hardship exemption, or is participating in an APM.

Your organization is measured on four PI objectives, and you must submit data for a 180-day (or longer) continuous performance period. In addition to submitting data, you must also provide your EHR's CMS Certification ID from the Certified Health IT Product List (CHPL). ONC's health IT certification criteria in 45 CFR 170.315 is required.

Details to remember for Promoting Interoperability (PI) in 2026:

- CMS has updated the High Priority Practices Safety Assurance Factors for Electronic Health Record (EHR) Resilience (SAFER) Guide measure and the Security Risk Analysis measure.
- There's a new optional/bonus measure for the Public Health and Clinical Data Exchange objective, specifically the Public Health Reporting Using Trusted Exchange Framework and Common Agreement (TEFCA) measure.
- CMS has established a measure suppression policy for the MIPS Promoting Interoperability performance category and the Medicare Promoting Interoperability Program.
- The reporting period for Promoting Interoperability is now 180 days. July 5, 2026 is the last day your 180 day reporting period can begin.
- You must have updated functionality for your CEHRT in place by the 1st day of your 2026 reporting period and your EHR must be certified by the last day of your reporting period.
- If you were in Pre-Production and Validation for a specific registry measure in 2025, you must move to Validated Data Production in 2026. Mingle Health will monitor the 2027 Proposed and Final Rule for any changes/moderations to the Electronic Case Reporting measure for the 2026 reporting year. CMS modified it ONLY for the 2025 reporting year.
- There are no longer any providers that are exempt because of their provider type. However, there are still automatic exemptions for special statuses, such as Hospital-based, Ambulatory Surgical Center (ASC)-based, Non-patient Facing, or Small Practice.
- CMS has updated the minimum criteria that needs to be included in your MIPS submission. The Mingle Health dashboard will ensure you have reported the minimum criteria for scoring.

Promoting Interoperability (PI) Hardship Exemption:

If you anticipate being unable to meet PI requirements, you may submit a PI Hardship Exemption Application.

Applications for exemptions open in the summer and must be submitted by December 31. Practices participating in MIPS as a group should closely review the status of the group and/or each provider to determine your PI reporting options.

Please note: It's getting harder to earn full points in other MIPS categories every year. Even if you qualify for an automatic PI exemption, it might be beneficial to report PI if you are able to. CMS continues to encourage all providers to obtain CEHRT and report PI.

Further Reading & Additional Resources

- Changes to MIPS in the 2026 Final Rule
- How to Improve Your MIPS Scores | Ask Dr. Mingle
- CMS Hardship Exemption Information
- Certified Health IT Product List (CHPL)

Your Partner in MIPS & Value-Based Care

Your Mingle Health MIPS Consultant will help you plan for success and address issues that may arise throughout the year. We encourage you to engage your team and stakeholders early to understand your specific needs and improve your performance.

Please bookmark our MIPS Success Guide and remember you can always email us at hello@minglehealth.com with your questions.