Shared Savings Program Requirement to Report Objectives and Measures for MIPS Promoting Interoperability Performance Category

CMS has received several questions about the Shared Savings Program's requirement for ACOs and ACO participants, providers and suppliers, and professionals to report objectives and measures for the Merit-based Incentive Payment System (MIPS) Promoting Interoperability performance category as set forth in the CY 2024 Physician Fee Schedule (PFS) final rule (88 Fed. Reg. 78,818, 79,124-32 (Nov. 16, 2023)). The following Frequently Asked Questions provide an overview of the reporting requirement, available exclusions from reporting, and related public reporting requirement, as set forth in 42 CFR §§ 425.308(b)(9) and 425.507. Please continue to monitor the QPP Resource Library for more information and resources on reporting MIPS Promoting Interoperability for PY 2025.

What is the Shared Savings Program Reporting Requirement for the MIPS Promoting Interoperability performance category?

Unless excluded, for performance years beginning on or after January 1, 2025, an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, Qualifying Alternative Payment Model (APM) Participant (QP), or Partial QP, regardless of Shared Savings Program track, must:

- Report the MIPS Promoting Interoperability performance category measures and requirements to MIPS at the individual, group, virtual group, or APM Entity level (i.e., ACO reports on behalf of its clinicians); and
- Earn a performance category score for the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level.

The requirements for reporting the MIPS Promoting Interoperability performance category are set forth in 42 CFR § 414.1375. Generally, to earn a performance category score for the MIPS Promoting Interoperability performance category, the ACO participant, ACO provider/supplier, or ACO professional must be a meaningful EHR user for MIPS (as defined in 42 CFR § 414.1305) and:

- Use Certified Electronic Health Record Technology (CEHRT) as defined in 42 CFR § 414.1305 for the performance period;
- Report on objectives and measures specified by CMS for the MIPS Promoting Interoperability performance category for the performance period; and
- Complete and submit attestation statements as required by CMS.

For more information on MIPS Promoting Interoperability performance category requirements, please refer to the Promoting Interoperability: Traditional MIPS Requirements QPP webpage.

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Who is excluded from the Shared Savings Program Reporting Requirement for the MIPS Promoting Interoperability performance category?

An ACO participant, ACO provider/supplier, or ACO professional is **excluded** from the Shared Savings Program's requirement to report the MIPS Promoting Interoperability performance category if they meet applicable requirements for an eligible clinician to be excluded or exempt from reporting the MIPS Promoting Interoperability performance category as set forth in the regulations at 42 CFR part 414, subpart O. Applicable exclusions include:

- Not exceeding the low volume threshold as set forth in 42 CFR § 414.1310(b)(1)(iii).
- An eligible clinician (as defined in 42 CFR § 414.1305) who is not a MIPS eligible clinician as set forth in 42 CFR § 414.1310(b)(2).[1]
- As defined in 42 CFR § 414.1305, a non-patient facing clinician; a hospital-based clinician; an Ambulatory Surgery Center (ASC)-based clinician; or in a small practice;
- Reweighting of the MIPS Promoting Interoperability performance category in accordance with 42 CFR § 414.1380(c)(2)(i)(C) granted by CMS based on a significant hardship or other type of exception for a specific performance year.

An ACO participant, ACO provider/supplier, or ACO professional **cannot be excluded** from the Shared Savings Program's requirement to report the MIPS Promoting Interoperability performance category solely on the basis of being a QP or Partial QP. If a QP or Partial QP meets an exclusion noted above, or are not identified as an eligible clinician, they would not be required to report.[1]

Table 1, below, summarizes whether an individual, group, or other entity must report the MIPS Promoting Interoperability performance category under the Shared Savings Program versus MIPS:

Table 1: Exclusions from Reporting the MIPS Promoting Interoperability Performance Category under the Shared Savings Program and MIPS

	REQUIRED TO REPORT FOR SHARED SAVINGS PROGRAM CEHRT	REQUIRED TO REPORT FOR MIPS
QP	Yes*	No
Partial QP	Yes*	No
Low Volume Threshold	No	No
Small Practice	No	No
Ambulatory Surgical Center (ASC)-based	No	No
Hospital-based	No	No
Non-patient Facing	No	No
Approved Hardship Application	No	No

** Must report the PI Category only unless meeting an exclusion criteria listed above.*

[1] Currently, there are two types of eligible clinicians that are excluded from the definition of MIPS eligible clinicians: marriage and family therapists (as defined in Section 1861(lll)(2) of the Social Security Act) and mental health counselors (as defined in Section 1861(lll)(4) of the Social Security Act).

I believe I should be excluded from the Shared Savings Program Reporting Requirement for the MIPS Promoting Interoperability performance category. What must I do to ensure I am properly excluded?

Some of bases for reweighting the MIPS Promoting Interoperability performance category under 42 CFR § 414.1380(c)(2)(i)(C) **require** that the MIPS eligible clinician **submit an application** to CMS demonstrating that they meet criteria for reweighting. These bases for reweighting that require submission of an application to CMS include: lacking sufficient internet access and insurmountable barriers prevented the clinician from obtaining sufficient internet access, being subject to extreme and uncontrollable that caused their CEHRT to be unavailable; 50 percent or more of their outpatient encounters occurred in practice locations where they have no control over the availability of CHERT; and their CEHRT was decertified (refer to 42 CFR § 414.1380(c)(2)(i)(C)(1), (2), (4) and (8) for more details). To receive reweighting on these bases, the ACO participant, ACO provider/supplier, or ACO professional must submit a request for reweighting. Information on submitting a reweighting request for 2025 will be provided in future guidance.

Other bases for reweighting the MIPS Promoting Interoperability performance category under 42 CFR § 414.1380(c)(2)(i)(C) **do not require** that the MIPS eligible clinician submit an application to CMS; CMS applies the reweighting automatically. These bases for reweighting that do not require submission of an application include: CMS identifying that the MIPS eligible clinician was located in an area affected by extreme and uncontrollable circumstances; the MIPS eligible clinician is a non-patient facing clinician, hospital-based clinician, or ASC-based clinician; the MIPS eligible clinician is in a small practice as defined in 42 CFR § 414.1305, or CMS determines the data is inaccurate, unusable, or otherwise compromised due to circumstances outside of the control of the clinician and its agents (refer to 42 CFR § 414.1380(c)(2)(i)(C)(3), (5), (6), (7), (9) and (10) for more details).

Note well: In the event an ACO participant, ACO provider/supplier, or ACO professional submits data for the MIPS Promoting Interoperability performance category despite qualifying for reweighting, CMS will calculate a score based on the submitted data, thereby overriding the reweighting as described above. This policy to score the data, and override the reweighting as provided above, does not apply if CMS determines the data is inaccurate, unusable, or otherwise compromised due to circumstances outside of the control of the clinician and its agents.[2]

Does an ACO participant, ACO provider/supplier, or ACO professional that is a MIPS eligible clinician, QP, or Partial QP need to have CEHRT to report the MIPS Promoting Interoperability performance category?

Yes, clinicians that do not have CEHRT would not be able to successfully report the MIPS Promoting Interoperability performance category. Clinicians that are using paper medical records or do not have a CEHRT ID should evaluate if they meet any of the exclusions noted above for the applicable performance year. These clinicians may apply for reweighting and, if approved, they are excluded from the Shared Savings Program's reporting requirement.

[2] Note that the CY 2025 PFS proposed rule CMS included a proposal regarding what is a qualifying data submission for the MIPS Promoting Interoperability performance category that may override an approved reweighting.

What is the impact of the Promoting Interoperability Reporting Requirement on shared savings and losses and program participation?

An ACO's performance on the MIPS Promoting Interoperability performance category does **not** impact the calculation of the ACO's shared savings or shared losses. However, to be eligible to share in savings, ACOs are required to comply with all Shared Savings Program requirements, including the requirement to report the MIPS Promoting Interoperability performance category for the performance year.

What must ACOs publicly report to meet the Shared Savings Program Public Reporting Requirement?

- For PY 2025 (publicly reported in the Fall 2026) and subsequent performance years, ACOs must publicly report the total number of ACO participants, ACO providers/suppliers, and ACO professionals that are MIPS eligible clinicians, QPs, or Partial QPs that earn a MIPS performance category score for the MIPS Promoting Interoperability performance category (and are not excluded as described above) for the applicable performance year, including:
    - The number of ACO participants, ACO providers/suppliers, and ACO professionals that meet the requirements of 42 CFR § 425.507(a) and are not excluded under 42 CFR § 425.507(b) for the applicable performance year; and
    - The number of ACO participants, ACO providers/suppliers, and ACO professionals that are excluded under 42 CFR § 425.507(b) that voluntarily reported and received a MIPS Promoting Interoperability performance category score for the applicable performance year.
- ACOs must include in the count all the clinicians that are included in the ACO's Shared Savings Program MIPS Promoting Interoperability submission that meet the criteria for reporting and earned a score. ACOs should not include clinicians that are subject to one of the exclusions from reporting the MIPS Promoting Interoperability performance category described above.
- Clinicians who **report and earn** a MIPS Promoting Interoperability performance category score of zero are considered "scored" for purposes of the Shared Savings Program requirement for ACOs to report the MIPS Promoting Interoperability performance category and must be included in the count of clinicians that the ACO publicly reports.