

Shared Savings Program Requirement to Report Objectives and Measures for Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category

We have 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 MIPS Promoting Interoperability performance category as set forth in the Calendar Year (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 the requirement, and the related public reporting requirement, as set forth in 42 C.F.R. §§ 425.308(b)(9) and 425.507. Please continue to monitor the [Quality Payment Program \(QPP\) Resource Library](#) for more information and resources on reporting MIPS Promoting Interoperability for Performance Year (PY) 2025.

Why is CMS requiring Shared Savings Program ACOs to report the MIPS Promoting Interoperability performance category?

Prior to the finalization of the Shared Savings Program reporting requirement for the MIPS Promoting Interoperability performance category, the Shared Savings Program and MIPS differed in their certified electronic health record technology (CEHRT) requirements. The MIPS Promoting Interoperability reporting requirements are more comprehensive than Advanced APM requirements and address key functions that can facilitate better care coordination and quality measurement and improvement. We implemented this change to align the Shared Savings Program CEHRT requirements with the MIPS Promoting Interoperability performance category requirements.

What is the Shared Savings Program Reporting Requirement for 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 APM Participant (QP), or Partial Qualifying APM Participant (Partial QP) 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.

This requirement applies regardless of the Shared Savings Program track in which the ACO participant, ACO provider/supplier, or ACO professional participates.

The requirements for reporting the MIPS Promoting Interoperability performance category are set forth in 42 C.F.R. § 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 C.F.R. § 414.1305) and:

- Use certified Electronic Health Record technology (CEHRT) as defined in 42 C.F.R. § 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.

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For more information on MIPS Promoting Interoperability performance category requirements, please refer to <https://qpp.cms.gov/mips/promoting-interoperability>.

Who is excluded from the Shared Savings Program Reporting Requirement for 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 C.F.R. part 414, subpart O. Applicable exclusions include:

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

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 is not an eligible clinician, the QP or Partial QP would not be required to report.¹

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

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 under Shared Savings Program Reporting Requirement	Required to report for MIPS
QP	Yes*	No
Partial QP	Yes*	No
Low Volume Threshold	No	No
Small Practice	No	No
ASC-based	No	No
Hospital-based	No	No
Non-patient Facing	No	No
Approved Hardship Application	No	No

* QPs and Partial QPs must report the MIPS Promoting Interoperability performance category unless they meet an exclusion described above.

I believe I should be excluded from the Shared Savings Program Reporting Requirement for 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 C.F.R. § 414.1380(c)(2)(i)(C) **require** that the MIPS eligible clinician **submit an application** to CMS demonstrating that they meet criteria for reweighting. The 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 circumstances that caused their CEHRT to be unavailable; or
- Fifty percent or more of their outpatient encounters occurred in practice locations where they have no control over the availability of CEHRT; and their CEHRT was decertified.

See 42 C.F.R. § 414.1380(c)(2)(i)(C)(1), (2), (4) and (8).

To receive reweighting on one of these bases, an 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 C.F.R. § 414.1380(c)(2)(i)(C) **do not require** that the MIPS eligible clinician submit an application to CMS. In these cases, CMS applies the reweighting automatically. The bases for automatic 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,
 - ASC-based clinician; or
 - In a small practice as defined in § 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.

See 42 C.F.R. § 414.1380(c)(2)(i)(C)(3), (5), (6), (7), (9) and (10).

Note: 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 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 would be excluded from the Shared Savings Program’s MIPS Promoting Interoperability performance category reporting requirement.

What is the impact of an ACO’s Promoting Interoperability performance category score 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.

² 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. *See* 89 Fed. Reg. 61596, 62034–35 (July 31, 2024).

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

- For performance year 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 C.F.R. § 425.507(a) and are not excluded under § 425.507(b) for the applicable performance year; and
 - The number of ACO participants, ACO providers/suppliers, and ACO professionals that are excluded under § 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.