MEDICARE SHARED SAVINGS PROGRAM

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

Updated July 2026

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. It also covers the enforcement discretion CMS is exercising in regards to this Shared Savings Program requirement for PYs 2025 and 2026.

New: How is CMS using enforcement discretion in regard to the Shared Savings Program requirement to report objectives and measures for Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category for PYs 2025 and 2026?

CMS outlined new Promoting Interoperability (PI) requirements for Shared Savings Program ACOs beginning in PY 2025 at 42 CFR § 425.507 and related performance reporting requirements at § 425.308(b)(9). These requirements are for ACOs to report the MIPS Promoting Interoperability performance category measures and requirements, earn a performance category score, and to publicly report their performance on these measures and requirements. Current regulations in 42 CFR §§ 425.216 and 425.218 authorize CMS to take certain compliance actions for failure to meet these requirements.

CMS is exercising its enforcement discretion and will not take compliance actions under §§ 425.216 or 425.218 for Performance Year 2025 or 2026 if an ACO does not meet the requirements of §§ 425.507 and 425.308(b)(9). This means:

- If an ACO does not meet the Shared Savings Program Promoting Interoperability and performance reporting requirements, CMS will not take any compliance action outlined in 42 CFR §§ 425.216 or 425.218.
- There will also be no impact on the ACO's ability to earn or receive shared savings.

New: Does this have any impact on requirements for reporting for the APM Performance Pathway (APP)?

No, CMS is only using its enforcement discretion in regards to Shared Savings Program Promoting Interoperability requirements. This doesn't affect the MIPS Promoting Interoperability reporting requirements for MIPS eligible clinicians participating in an ACO. ACOs (or their participating clinicians and groups) may still choose to (or be required to) report the Promoting Interoperability performance category as part of their APM Performance Pathway (APP) reporting. Requirements are available in the 2026 Promoting Interoperability Quick Start Guide at https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3599/2026-Promoting-Interoperability-Quick-Start-Guide.pdf.

IMPORTANT: Reporting Promoting Interoperability data to MIPS will result in a MIPS score and payment adjustment to the ACO's MIPS eligible clinicians, which can include clinicians who are eligible but not required to report to MIPS. This may be a positive or negative payment adjustment depending on the MIPS score and eligibility.

Why was 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, for which CMS is exercising enforcement discretion for PYs 2025 and 2026?

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.

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

New: As noted above, CMS is exercising its enforcement discretion and will not take compliance actions under §§ 425.216 or 425.218 for Performance Year 2025 or 2026 if an ACO does not meet these requirements detailed at §§ 425.507 and 425.308(b)(9).

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]

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

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[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(lll)(2) of the Social Security Act) and mental health counselors (as defined in section 1861(lll)(4) of the Social Security Act).

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.
New: As noted above, CMS is exercising its enforcement discretion and will not take compliance actions under §§ 425.216 or 425.218 for Performance Year 2025 if an ACO does not meet these requirements detailed at §§ 425.507 and 425.308(b)(9).

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

- For performance year 2025 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

[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).

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.

New: As noted above, CMS is exercising its enforcement discretion and will not take compliance actions under §§ 425.216 or 425.218 for Performance Year 2025 or 2026 if an ACO does not meet these requirements detailed at §§ 425.507 and 425.308(b)(9).

What impact did the Certification Criteria Compliance Dates Enforcement Discretion Notice released by ASTP/ONC on 11/24/2025 have on ACOs participating in the Medicare Shared Savings Program?

ASTP/ONC released their Certification Criteria Compliance Dates Enforcement Discretion Notice on 11/24/2025 in response to the 10/01/2025 through 11/12/2025 lapse in appropriations. Under this notice, ASTP/ONC exercised enforcement discretion for certain certified health IT updates required by January 1, 2026, in the HTI-1 Final Rule. Health IT developers with Health IT Modules certified to the criteria specified in the notice had, in effect, through February 28, 2026, to complete updates.

For ACOs participating in the Shared Savings Program for performance year 2026, this enforcement discretion had no impact on the ability to select any continuous 180-day period for the EHR reporting period in CY 2026. As a reminder, to meet the CEHRT requirements for PY 2026 MIPS Promoting Interoperability performance category objective and measure reporting, MIPS ECs , groups virtual groups, and MIPS APMs subject to MIPS are required to:

- Have CEHRT functionality that meets ONC's health IT certification criteria in 45 CFR 170.315 in place by the first day of an ACO's MIPS Promoting Interoperability performance period;
- Have their EHR certified by ONC to the health IT certification criteria in 45 CFR 170.315 by the last day of your performance period; and
- Provide their CMS EHR Certification ID from the Certified Health IT Product List (CHPL), when you submit your data.

During the time period of the enforcement discretion, health IT developers not complying with the January 1, 2026 date were not subject to actions under the Certification Program that could affect the certification status of their products. Accordingly, ACOs could continue to use CEHRT including these certified health IT Modules, even if they had not yet been updated to meet the January 1, 2026 deadline.

Furthermore, we note that we have stated that a health IT product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be certified by the last day of

the EHR reporting period.
This policy can allow additional flexibility for certified health IT products that have not yet completed certification during a given reporting period.

Additional information about reporting Promoting Interoperability for MIPS can be found in the "2026 MIPS Promoting Interoperability Quick Start Guide," available for download in the "Related Resources" section of the Quality Payment Program's "Promoting Interoperability: Traditional MIPS Requirements" web page, here.