

# Medicare Promoting Interoperability PROGRAM

## **Calendar Year 2025 Medicare Promoting Interoperability Program Guide for Eligible Hospitals and Critical Access Hospitals**

**Fiscal Year 2027 Payment Determination for Eligible Hospitals/  
Fiscal Year 2025 for Critical Access Hospitals**

# Medicare Promoting Interoperability PROGRAM

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# Medicare Promoting Interoperability PROGRAM

## About This Program Guide

This *CY 2025 Medicare Promoting Interoperability Program Guide* may be used as a resource to help you understand the requirements of the Medicare Promoting Interoperability Program. Inside these pages you will find an outline of the Medicare Promoting Interoperability Program's participation requirements, as well as information about measures, data submission, and helpful resources. This program guide is specifically for eligible hospitals and critical access hospitals (CAHs) reporting data to the Centers for Medicare & Medicaid Services (CMS) for the electronic health record (EHR) reporting period in calendar year (CY) 2025 for the Medicare Promoting Interoperability Program. Successful submission of CY 2025 data by eligible hospitals will affect the hospital's future Medicare payment between October 1, 2026, and September 30, 2027, referring to the fiscal year (FY) 2027 payment determination. The fiscal year is also known as the payment year (PY). For CAHs, the submission of CY 2025 data will affect the FY 2025 payment determination.

Please reach out if you have any questions about the Medicare Promoting Interoperability Program:

- Phone Numbers: (844) 472-4477 or (866) 800-8765
- Email: [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

We hope you find this information helpful.

***Your Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Team***

## Medicare Promoting Interoperability Program Overview

The Medicare Promoting Interoperability Program is a quality program with the goal of driving quality improvement, safety, and efficiency of healthcare by promoting and prioritizing interoperability and the exchange of health care data using certified electronic health record (EHR) technology (CEHRT). Eligible hospitals and critical access hospitals (CAHs) participate by submitting data to the Centers for Medicare & Medicaid Services (CMS) on measures and other requirements that demonstrate the meaningful use of CEHRT.

CMS may publicly report some of these data on the [Compare tool on Medicare.gov](#) and/or the [Data Catalog on data.cms.gov](#). The [Care Compare](#) website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals.

Under the Medicare Promoting Interoperability Program, eligible hospitals and CAHs that do not participate or successfully meet the program requirements are subject to a downward payment adjustment. All subsection (d) eligible hospitals, including subsection (d) eligible hospitals in Puerto Rico paid under Inpatient Prospective Payment System (IPPS) and CAHs are subject to fulfilling requirements under the Medicare Promoting Interoperability Program and must report on all required objectives, measures, electronic clinical quality measures (eCQMs), and other requirements to be considered a meaningful user of CEHRT and avoid a downward payment adjustment.

### *Eligible Hospitals*

Eligible hospitals, as defined in Social Security Act section 1886(n)(6)(b) and 42 C.F.R. § 495.4, are subsection (d) hospitals and subsection (d) hospitals in Puerto Rico. Eligible hospitals that do not meet the minimum requirements of the Medicare Promoting Interoperability Program are subject to a three-quarter percentage reduction of the Annual Payment Update under IPPS, as they have not met the definition of demonstrating the meaningful use of CEHRT.

Eligible hospitals receive the payment adjustment amount that is tied to a future fiscal year. For example, an eligible hospital that did not successfully demonstrate meaningful use in calendar year (CY) 2025 will receive a reduction to the IPPS applicable percentage increase beginning October 1, 2026, for the FY 2027 payment determination.

### *Critical Access Hospitals*

CAHs that do not meet the minimum requirements of the Medicare Promoting Interoperability Program are subject to a reduction from 101 percent to 100 percent of reasonable costs, as they have not met the definition of demonstrating the meaningful use of CEHRT.

CAHs receive the payment adjustment amount based on the fiscal year in which they demonstrate meaningful use of CEHRT. For example, a CAH that did not successfully demonstrate meaningful use in CY 2025 will receive a reduction in its reimbursement of reasonable costs for the cost reporting period for FY 2025.

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**Important Note:** CAHs are not required to participate in the Hospital Inpatient Quality Reporting (IQR) Program, but they are encouraged to voluntarily submit measure data.

## CMS Rulemaking

Requirements for the Medicare Promoting Interoperability Program originate from final rules that are published in the *Federal Register*.

A “proposed rule” announces a federal agency’s intent to issue a new regulation or modify an existing regulation. A proposed rule also solicits public comments during a comment period. By law, anyone can participate in the rulemaking process by commenting in writing on the regulations CMS or other agencies propose. Public input on proposed rules is encouraged and comments received are carefully considered before CMS issues final regulations. The “comment period” specifies how long public comments will be accepted; these comment periods typically last 60 days for regulations, though some comment periods may differ.

## CMS Communications

One of the ways that CMS communicates important program information to hospital staff is by email notifications. Please sign up for these communications and provide updated contact information so that targeted communications are received.

### *Email Updates (Listserves)*

CMS regularly communicates Medicare Promoting Interoperability Program information via email using contacts in the QualityNet Email Updates database. You may sign up for the Medicare Promoting Interoperability Program mailing lists (including eCQM reporting) on the [QualityNet website](#).

### *Targeted Communications*

“Inpatient and Outpatient Healthcare Quality Systems Development and Program Support,” a CMS contractor, is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each eligible hospital or CAH. Information in this database is used to provide critical targeted communications about the Medicare Promoting Interoperability Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails to help submit data and other program requirements prior to the CMS deadlines. It is important to keep your hospital’s contact information current, so you do not miss our reminders.

Updates to your contact information can be submitted using the [Hospital Contact Change Form](#) available on the [Quality Reporting Center](#) website.

## Medicare Promoting Interoperability Program Objectives

Medicare Promoting Interoperability Program measures fall under the following **five** objectives:

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## ***1. Electronic Prescribing***

Enhance medication safety and efficiency by electronically transmitting prescriptions using CEHRT.

## ***2. Health Information Exchange (HIE)***

Improve continuity of care by facilitating secure, electronic exchange of patient health summaries during care transitions.

## ***3. Provider to Patient Exchange***

Empower patients by ensuring they have timely electronic access to their health information.

## ***4. Public Health and Clinical Data Exchange***

Support public and population health by transmitting health information electronically, to public health registries and clinical data systems.

## ***5. Protect Patient Health Information***

Strengthen EHR safety, security, and resilience.

## **Data Submission Deadlines for CY 2025 Reporting**

Data are submitted in different ways, depending on the requirement. Eligible hospitals, CAHs, and their vendor(s) may begin entering data once CMS announces through Listserve communications that the *HQR Secure Portal* is open and available to receive data. Data submissions must be timely, complete, and accurate.

Information on the Medicare Promoting Interoperability Program's data submission deadline used for the CY 2025 reporting period is available on [CMS' QualityNet](#) and [Quality Reporting Center](#) websites.

For the CY 2025 reporting period, eligible hospitals and CAHs are required to complete the following [program requirements](#) **annually**:

- **Web-based Measure Data Submissions for the EHR reporting period in CY 2025** (EHR reporting period is any continuous, self-selected 180- day period within the calendar year. The last day to begin the 180-day reporting requirement is July 5, 2025).
  - The submission period is January 1– March 2, 2026 (for submitting data from the prior years' EHR reporting period). Typically, the submission period runs each year from January 1– February 28, but February 28, 2026, falls on a holiday or weekend.
- **eCQM Data Submissions for all four quarters of CY 2025.**
  - The submission deadline is March 2, 2026.

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## Important Information About Submission Deadlines

- Authorized users and vendor(s) can upload, delete, and edit their data submissions up until the CMS submission deadline. Data should be submitted well before the deadline to allow time to review for accuracy and make necessary corrections. The *HQR Secure Portal* does not allow data to be submitted or corrected after the annual submission deadline.
- Submission deadlines that fall on a weekend or holiday will be moved to the next business day.

## Medicare Promoting Interoperability Program CY 2025 Requirements

This section summarizes the Medicare Promoting Interoperability Program requirements for subsection (d) eligible hospitals, including subsection (d) eligible hospitals in Puerto Rico paid by Medicare under the IPPS and CAHs.

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program must follow requirements outlined in the applicable final rules published by CMS in rulemaking. New and modified requirements are published in the *Federal Register* at <http://www.gpo.gov>.

To be considered a meaningful user and to avoid a downward payment adjustment, eligible hospitals and CAHs **must** meet **all** of the listed requirements below. Further information about each requirement is included below the list.

1. Register staff within the *HQR Secure Portal*.
2. Complete Medicare Promoting Interoperability Program Registration (New Hospitals Only).
3. Submit Web-Based Measure Data for the EHR Reporting Period in CY 2025
  - 3a. Complete Attestation Information/Disclaimer.
  - 3b. Complete Attestation for the Security Risk Analysis measure under the Protect Patient Health Information Objective.
  - 3c. Complete Attestation for the SAFER Guides measure under the Protect Patient Health Information Objective.
  - 3d. Submit Electronic Prescribing (eRx) Objective measures.
  - 3e. Submit Health Information Exchange (HIE) Objective measures.
  - 3f. Submit Provider to Patient Exchange Objective measure.
  - 3g. Submit Public Health and Clinical Data Exchange Objective measures.
4. Earn a minimum total program score of 70 points.
5. Submit CY 2025 eCQM data.

**Important Note:** For the EHR reporting period in CY 2025, eligible hospitals and CAHs must earn a minimum total program score of 70 points, and no measure may receive a calculated score of 0.

### 1. Register Staff within the *HQR Secure Portal*.

Eligible hospitals and CAHs must register staff within the *HQR Secure Portal* to begin reporting data. The *HQR Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange. To register as a Basic User or Security Official:



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1. Log into the *HQR Secure Portal* at <https://hqr.cms.gov/hqrng/login> with your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) username and password. (No HARP account? Create one on the [HARP page](https://harp.qualitynet.org/) at <https://harp.qualitynet.org/>.)
2. Go to **My Profile** (Under your Username in the upper right). From this page, you can **Request** access and **View Current Access**.
3. Select **Basic User** or **Security Official** when prompted to select a user type.
4. Select your required permissions and click **submit an access request**. You will be notified by email when your request has been approved.

## 2. Complete Medicare Promoting Interoperability Program Registration

New eligible subsection (d) hospitals and CAHs eligible to participate in the Medicare Promoting Interoperability Program must complete the Medicare Promoting Interoperability Program Registration process (Registration Information, Business Information, and Registration Disclaimer) to begin submitting data through the *HQR Secure Portal* online tool.

### Important Information About New Hospitals

**Year 1:** CMS offers newly registered eligible hospitals and CAHs a **one-year grace period** from reporting. This is automatic, and there are no additional steps for the hospital to complete. CMS requires each eligible hospital and CAH to begin reporting data collected during Year 2.

**Example:** A hospital that becomes eligible to participate in the Medicare Promoting Interoperability Program anytime during the 2025 reporting period (e.g., June 2025) is not required to submit CY 2025 program requirements by March 2, 2026. They are required to collect data between January 1, 2026, and December 31, 2026 (known as the EHR reporting period in CY 2026). CY 2026 data are then reported to the *HQR Secure Portal* by the submission deadline.

**Registration Information:** Hospital staff are required to select the Incentive Program that data will be submitted for, as well as the hospital's Medicare Hospital Type (Subsection (d) hospital or CAH) and provide a response about having a certified EHR Number (CEHRT ID).

**Business Information:** Hospital staff are required to submit address, phone number, and email information.

**Registration Disclaimer:** Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to acknowledge electronically that the data submitted are accurate and complete to the best of their knowledge.

**Best Practice:** CMS recommends existing hospitals review their information for the Medicare Promoting Interoperability Program annually and edit these fields, as necessary.

## 3. Submit Web-Based Measure Data for the EHR Reporting Period in CY 2025

Eligible hospitals and CAHs must submit their web-based data (attestations, objectives, and measures) through the *HQR Secure Portal* for any continuous, self-selected 180-day period using the [ONC Health IT certification criteria](#) to meet the CEHRT requirement and the [CMS Specifications Manual for the EHR Period in CY 2025](#).



### 3a. Complete Attestation Information/Disclaimer

Eligible hospitals and CAHs must submit attestation information and sign the attestation disclaimer before submitting Medicare Promoting Interoperability Program data through the *HQR Secure Portal*.

#### The following information is required:

- EHR Certification Number (The CEHRT ID is a 15-character, alpha-numeric value that documents the standard against which your EHR technology was certified. To generate a CEHRT ID, visit the [ONC Certified Health Information Technology Product List](#) website.)
- The method used to designate how patients admitted to the ED will be included in the denominators for the objectives (Observation Service Method or All ED Visits Method).
- EHR Reporting Period Start and End Dates associated with the objectives. (The EHR reporting period for new and returning participants is a minimum of any continuous, self-selected 180-day period within CY 2025.)

**Important Note:** For CY 2025, the last day to begin the 180-day reporting period is July 5.

- Attesting that you have submitted or will submit eCQM data
- “Yes” answers to the following attestation statements:
  - Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT: This self-reported attestation is based on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) definition of information blocking. It requires eligible hospitals and CAHs that participate in the Medicare Promoting Interoperability Program to attest (self-report) that they have not knowingly or willfully limited or restricted the compatibility or interoperability of their CEHRT.
  - ONC Direct Review Attestation: During the submission period, complete the ONC Direct Review attestation statement by attesting “Yes” in agreement to cooperate in a direct review of your CEHRT if you receive a review request from the ONC.

#### *The following information is voluntary:*

ONC-Authorized Certification Bodies (ACB) Surveillance: Voluntarily completion acknowledges a willingness to cooperate in good faith with the ONC-ACB surveillance of CEHRT. By choosing to attest “Yes,” this confirms an understanding of the option to participate in surveillance activities to ensure continued compliance with certification requirements.

Additional information about the ONC Health IT Certification Program is located in the [Attestations Resource Guide](#) on [HealthIT.gov](#).

### 3b. Complete Attestation for the Security Risk Analysis Measure

Eligible hospitals and CAHs must attest “Yes” to conducting or reviewing a security risk analysis at any time during CY 2025. For guidance, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

### 3c. Complete Attestation for the SAFER Guides Measure

Eligible hospitals and CAHs must attest “Yes” to having conducted an annual self-assessment using **all nine (9)** [SAFER Guides](#) at any point during the calendar year in which the EHR reporting period occurs. For guidance, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

### 3d. Submit Electronic Prescribing Objective Measures

Eligible hospitals and CAHs must submit data or provide an exclusion for the *e-Prescribing measure* and the *Query of Prescription Drug Monitoring Program (PDMP)* measure to meet the Electronic Prescribing Objective. For guidance, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

### 3e. Submit HIE Objective Measures

Eligible hospitals and CAHs must select one of the three reporting options to meet the HIE Objective:

- Option 1: Report on both the *Support Electronic Referral Loops by Sending Health Information measure* and the *Support Electronic Referral Loops by Receiving and Reconciling Health Information measure*.
- Option 2: Report on the *HIE Bi-Directional Exchange measure*.
- Option 3: Report on the *Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) measure*.

For guidance on reporting this information, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

### 3f. Submit Provider to Patient Exchange Objective Measure

Eligible hospitals and CAHs must submit data for the *Provide Patients Electronic Access to Their Health Information measure*. For guidance, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

### 3g. Submit Public Health and Clinical Data Exchange Objective Measures

Eligible hospitals and CAHs must submit data or claim an exclusion for the following six measures:

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Required Measures
Immunization Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting (eCR) Electronic Laboratory Reporting (ELR) Antimicrobial Use (AU) Antimicrobial Resistance (AR) Surveillance

**Important Note:** For CY 2025, the eCR measure is excluded from scoring. Hospitals receive full credit by attesting “Yes” or “No”, or claiming an exclusion.

The two options for levels of active engagement an eligible hospital or CAH must attest to for CY 2025 are:

Option 1: Pre-production and validation

Option 2: Validated data production

For the EHR reporting period in CY 2025, an Option 2 active engagement level is required for the following measures: Syndromic Surveillance Reporting, Immunization Registry Reporting, eCR Reporting, and ELR Reporting.

**Important Note:** Eligible hospitals and CAHs that have questions on submitting, reviewing, interpreting, and using their AU and AR data should contact the NHSN help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

To earn bonus points, eligible hospitals and CAHs may attest “Yes” to one or both of the following bonus (optional) measures under the Public Health and Clinical Data Exchange Objective:

Bonus Measures
Note: Reporting on both measures will not result in more than 5 bonus points.
Public Health Registry Reporting Clinical Data Registry Reporting

For guidance, use the [CMS Specifications Manual for the EHR Period in CY 2025](#).

**Important Note:** A level of active engagement is required for each measure under this objective, including the bonus measures. Eligible hospitals and CAHs may spend only one EHR reporting period in Option 1.

## 4. Earn a Minimum Total Program Score of 70 Points

A maximum of 105 points is available, which includes 5 bonus points. For additional information related to scoring, refer to the “Performance-based scoring methodology” section below.

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## 5. Submit CY 2025 eCQM Data

For the CY 2025 reporting period, eligible hospitals and CAHs must complete the following eCQM submission requirements by **March 2, 2026, at 11:59 p.m. Pacific Time**:

- ✓ Submit a total of six eCQMs from the CY 2025 measure set. (See table below.)
  - Submit three self-selected eCQMs for all four quarters of CY 2025.
  - Submit three CMS-selected/mandatory eCQMs for all four quarters of CY 2025.

**Important Note:** Hospitals that do not have patient-level data meeting the initial patient population for the mandatory measure(s) must submit a zero-denominator declaration for each applicable quarter.

- ✓ Report data based on the following technical requirements:
  - [ONC Health IT certification criteria](#) (Note: Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capturing and reporting QRDA Category I files.)
  - Measure specifications published in the 2024 eCQM annual update for CY 2025 reporting and applicable addenda, available on the eCQI Resource Center's [Hospital-Inpatient eCQMs](#) web page.
  - The *2025 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, Schematron, and sample QRDA Category I files available on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>. (Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf.)

**Important Note:** Hospitals may successfully report by submitting:

- A combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s),
- Zero denominator declarations,
- And/or case threshold exemptions.

In all cases, a hospital is required to use an EHR that is certified to all available eCQMs.

CY 2025 Available eCQMs Table	
Short Name	Measure Name
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)
Safe Use of Opioids <sup>1</sup>	Safe Use of Opioids – Concurrent Prescribing
PC-02 <sup>1</sup>	Cesarean Birth
PC-07 <sup>1</sup>	Severe Obstetric Complications

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CY 2025 Available eCQMs Table	
STK-02	Discharged on Antithrombotic Therapy
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day Two
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-AKI	Hospital Harm-Acute Kidney Injury
HH-PI	Hospital Harm-Pressure Injury
HH-HYPO	Hospital Harm – Severe Hypoglycemia
HH-HYPER	Hospital Harm – Severe Hyperglycemia
HH-ORAE	Hospital Harm – Opioid Related Adverse Events
GMCS	Global Malnutrition Composite Score

<sup>1</sup>CMS-selected eCQM/Mandatory eCQM

Registered users can log in to the *HQR Secure Portal* at <https://hqr.cms.gov/hqrng/login>. If you have any questions about roles, or need to have roles added or changed, contact your hospital's Security Official (SO). If the SO is unable to assist, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8912 or [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov).

For more information, please refer to the [Electronic Clinical Quality Measure \(eCQM\) Overview](#) page on the QualityNet website and the eCQI Resource Center website (<https://ecqi.healthit.gov>).

**Important Note:** The eCQM reporting requirement is an aligned requirement for hospitals participating in the Medicare Promoting Interoperability Program and the Hospital Inpatient Quality Reporting (IQR) Program. The successful submission of eCQM data will meet the reporting requirements for both programs. This Medicare Promoting Interoperability Program Guide does not specifically address any payment impacts related to the requirements of the Hospital IQR Program, which is separate from the Medicare Promoting Interoperability Program but concerns electronic health records.

You can obtain more information about the Hospital Inpatient Quality Reporting Program on the QualityNet website: [QualityNet.cms.gov](https://qualitynet.cms.gov) > *Hospitals - Inpatient* > *Hospital Inpatient Quality Reporting Program*. If you have any questions about this program, please submit them to the Quality Question and Answer Tool at [https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa).

## Medicare Promoting Interoperability Program Performance-Based Scoring Methodology for the EHR Reporting Period in CY 2025

CMS uses a performance-based scoring methodology. As part of being a meaningful user, eligible hospitals and CAHs must achieve a minimum total score on performance-based measures. Each measure will contribute to the eligible hospital or CAH's total Medicare Promoting Interoperability Program score.

**Important Note:** A minimum of 70 points is required to satisfy the scoring requirement.

Individual measure scores are added together for a total program score.

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**Important Note:** Failure to report at least a “1” for all required measures with a numerator and denominator, or, or reporting a “No” for a Yes/No response measure will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Eligible hospitals or CAHs who fail to meet minimum program requirements are not considered meaningful users and may be subject to a downward payment adjustment.

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Objectives	Scored Measures				Possible Points
Electronic Prescribing	e-Prescribing (10 points)		Query of PDMP (10 points)		20
Health Information Exchanges	Option 1 (Report on both)		Option 2	Option 3	30
	Support Electronic Referral Loops by Sending Health Information (15 points)	Support Electronic Referral Loops by Receiving Health Information (15 points)	Bi-Directional Exchange Through HIE (30 points)	Enabling Exchange under TEFCA (30 points)	
Provider To Patient Exchange	Provide Patients Electronic Access to Their Health Information (25 points)				25
Public Health and Clinical Data Exchange	Report on the following (25 points): <ul style="list-style-type: none"><li>• Syndromic Surveillance Reporting</li><li>• Immunization Registry Reporting</li><li>• Electronic Case Reporting</li><li>• Electronic Reportable Laboratory Result Reporting</li><li>• AU Surveillance</li><li>• AR Surveillance</li></ul>		Bonus Report only one (5 bonus points): <ul style="list-style-type: none"><li>• Public Health Registry Reporting</li><li>• Clinical Data Registry Reporting</li></ul>		25 (+5 bonus points)
			Total Possible Points		105

**Important Note:** CMS finalized the suppression of the Electronic Case Reporting (eCR) measure by excluding the measure from scoring for the EHR reporting period in CY 2025. Eligible hospitals and CAHs will receive full credit for the measure by attesting a “Yes” or “No” response or by claiming an applicable exclusion. Please reference the [CY 2026 Medicare Physician Fee Schedule \(PFS\) Final Rule](#) for detailed information.

## When Medicare Promoting Interoperability Program Requirements Are Not Met

### Hardship Exception Process

CMS offers a process for eligible hospitals and CAHs to request an exception from Medicare penalties and avoid a downward payment adjustment if they can show that compliance with the requirement for being a meaningful CEHRT user would result in a significant hardship.

To be considered for an exception, eligible hospitals and CAHs must complete and submit a Hardship Exception application by the annual deadline that CMS determined and posted. If approved, the exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and by statute cannot be granted more than five exceptions in a lifetime.

Eligible hospitals and CAHs may apply for a Hardship Exception or Hardship Reconsideration citing one of the following specified reasons for review and approval:



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- Insufficient Internet Connectivity – Hospitals must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (for example, lack of broadband).
- Extreme and uncontrollable circumstances – Examples may include a natural disaster or other unforeseeable barriers. Such as:
  - Natural Disasters
  - Hospital Bankruptcy/Closures
  - Vendor/CEHRT Issues

To apply, complete the [Hardship Exception application](https://cmsqualitysupport.servicenow.com/cms_hh) at this link:  
[https://cmsqualitysupport.servicenow.com/cms\\_hh](https://cmsqualitysupport.servicenow.com/cms_hh)

For more information on the Hardship Exception process, view the **CY 2025 Hardship Exception Fact Sheet** available electronically on the QualityNet and Quality Reporting Center websites:

*QualityNet.cms.gov > Hospitals - Inpatient > Medicare Promoting Interoperability Program > Participation > [Hardship Exceptions](#)*

*QualityReportingCenter.com > Medicare Promoting Interoperability Program > Tools and Resources > [CY 2025](#)*

**Important Note:** Hospitals participating in the Hospital Inpatient Quality Reporting Program follow a different process and can apply for an extraordinary circumstances exception (ECE). For information on ECEs, including eCQM-related ECEs, please visit the [ECE Policy](#) page.

## Additional Information

### Public Reporting

[Care Compare](#), the CMS public reporting website, presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the *HQR Secure Portal*.

[In the FY 2021 IPPS/LTCH PPS final rule \(page 58953\)](#), in alignment with the Hospital IQR Program, the Medicare Promoting Interoperability Program finalized the public reporting of eCQM data submitted by eligible hospitals and CAHs beginning with the CY 2021 reporting period and for subsequent years.

[In the FY 2023 IPPS/LTCH PPS final rule \(page 48780\)](#), CMS finalized the proposed public reporting of the Medicare Promoting Interoperability Program data beginning with the CY 2023 EHR reporting period and for subsequent years.

The Overall Star Ratings summarizes hospital quality data on the [Compare tool on Medicare.gov](#). To learn more, please visit the [Overall Hospital Quality Star Ratings Overview](#) web page on QualityNet.

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## Contact Information and Resources

### Centers for Medicare & Medicaid Services [www.cms.gov](http://www.cms.gov)

CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

### Federal Register [www.federalregister.gov](http://www.federalregister.gov)

The *Federal Register* is the official publication for rulemaking activity and notices of federal agencies and organizations, as well as executive orders and other Presidential documents.

### ASTP/ONC <https://www.healthit.gov/topic/about-astponc>

ASTP/ONC is at the forefront of the Administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care.

### QualityNet

- **QualityNet Website:** <https://qualitynet.cms.gov/>

Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.

- **CCSQ Service Center:** [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)

The CCSQ Service Center assists providers and vendors with technical issues, such as sending and receiving files in the *HQR Secure Portal*.

- Phone: (866) 288-8912
- Email: [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov)

### Quality Payment Program (QPP): <https://qpp.cms.gov/>

For questions about the MIP's Promoting Interoperability Performance Category, eligible clinicians may reach out to the QPP Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or (866)288-8292.

## Medicare Promoting Interoperability Program

The Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team supports activities under the Medicare Promoting Interoperability Program.

- **Medicare Promoting Interoperability Program Website**

[QualityNet.cms.gov](http://QualityNet.cms.gov) > *Hospitals - Inpatient* > [Medicare Promoting Interoperability Program](#)

# Medicare Promoting Interoperability PROGRAM

The Medicare Promoting Interoperability Program website contains numerous resources concerning reporting requirements, including reference and training materials; submission; and educational presentations; timelines; and deadlines.

- **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

- Phone Numbers: (844) 472-4477 or (866) 800-8765 (9 a.m.–5 p.m. ET, Monday–Friday)
- Email: [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

- **Medicare Promoting Interoperability Program Email Updates (Listserve) Sign-Up**

Notices generated on the Listserve are used to disseminate timely information related to the program. The CMS Hospital Quality Reporting program notification and discussion lists are available for signup on [QualityNet](#).

- **Medicare Promoting Interoperability Questions and Answers**

The [Question and Answer Tool](#) is a knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.

- **eCQM-Specific Resources**

- **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the eCQM and QRDA Issue Trackers:  
<https://oncprojecttracking.healthit.gov/wiki/olp>
- **eCQM validation inquiries** are submitted to the Validation Support Contractor at [validation@telligen.com](mailto:validation@telligen.com).
- **eCQI Resource Center:** <https://ecqi.healthit.gov> The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to electronic quality improvement.

## **The Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov)**

For questions about measure submissions (e.g., AU and AR module reporting), please contact the National Health Safety Network (NHSN) help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). For more detailed information on NHSN Clinical Document Architecture (CDA) files, view the NHSN CDA Submission Support Portal site at <https://www.cdc.gov/nhsn/cdaportal/index.html>.

# Medicare Promoting Interoperability PROGRAM

## Acronyms/Terms

Acronym	Term
<b>ACB</b>	Authorized Certification Bodies
<b>ASTP</b>	Assistant Secretary for Technology Policy
<b>AUR</b>	Antimicrobial Use and Resistance
<b>CAHs</b>	critical access hospitals
<b>CCSQ</b>	Center for Clinical Standards and Quality
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDR</b>	central data registry
<b>CDR</b>	clinical decision support
<b>CEHRT</b>	certified electronic health record technology
<b>CHIP</b>	Children's Health Insurance Program
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CPOE</b>	computerized provider order entry
<b>CY</b>	calendar year
<b>ECE</b>	Extraordinary Circumstances Exceptions
<b>eCQI</b>	Electronic Clinical Quality Improvement
<b>eCQM</b>	Electronic Clinical Quality Measure
<b>ED</b>	emergency department
<b>EHR</b>	electronic health record
<b>ePHI</b>	electronic protected health information
<b>eRX</b>	Electronic Prescribing
<b>FY</b>	fiscal year
<b>GMCS</b>	Global Malnutrition Composite Score
<b>HARP</b>	Health Care Quality Information System Access Roles and Profile
<b>HCQIS</b>	Health Care Quality Information System
<b>HH</b>	Hospital Harm
<b>HIE</b>	Health Information Exchange
<b>HQR</b>	Hospital Quality Reporting
<b>IIS</b>	immunization information system
<b>IPPS</b>	Inpatient Prospective Payment System
<b>IQR</b>	Inpatient Quality Reporting
<b>IT</b>	Information Technology
<b>LTCH</b>	Long-Term Care Hospital
<b>MACRA</b>	Medicare Access and Children's Health Insurance Program Reauthorization Act
<b>NHSN</b>	National Healthcare Safety Network
<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>ORAE</b>	Opioid Related Adverse Events
<b>PC</b>	Perinatal Care
<b>PDF</b>	Portable Document Format
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>PHA</b>	public health agency
<b>POS</b>	Place of Service
<b>PPS</b>	prospective payment system

# Medicare Promoting Interoperability PROGRAM

Acronym	Term
<b>PY</b>	Payment Year
<b>QRDA</b>	Quality Reporting Document Architecture
<b>SAFER</b>	Safety Assurance Factors for EHR Resilience
<b>SO</b>	Security Official
<b>STK</b>	stroke
<b>TEFCA</b>	Trusted Exchange Framework and Common Agreement
<b>VTE</b>	Venous Thromboembolism