



# Medicare Promoting Interoperability Program: Summary of FY 2025 IPPS/LTCH PPS Final Rule Changes

## FY 2025 IPPS/LTCH PPS Final Rule Location

The [FY 2025 IPPS/LTCH PPS final rule \(CMS-1808\)](https://public-inspection.federalregister.gov/2024-17021.pdf) is available at <https://public-inspection.federalregister.gov/2024-17021.pdf> (pages 1658–1715).

## Objectives and Measures

### Finalized the Separation of the AUR Surveillance Measure

Beginning with the CY 2025 EHR reporting period and subsequent years, the rule:

- Separated the AUR Surveillance measure into two measures:
  - Antimicrobial Use (AU) Surveillance measure
  - Antimicrobial Resistance (AR) Surveillance measure
- Will treat the AU Surveillance and AR Surveillance measures as new measures in the level of active engagement. (Prior level of active engagement for the AUR Surveillance measure will not carry over from CY 2024.)
- Adopted three additional exclusions available for the AU Surveillance measure and the AR Surveillance measure. These exclusions ensure hospitals without adequate infrastructure or data access can avoid penalties for non-reporting. The three exclusions are:
  1. No patients in locations where data are collected by the NHSN during the EHR reporting period
  2. Lack of the necessary health IT systems (for example, eMAR/BCMA for AU or LIS for AR)
  3. Lack of discrete electronic data elements required for reporting

### Public Health and Clinical Data Exchange Objective

- The objective maintains the current scoring approach.
- CMS has revised the exclusion redistribution to reflect six measures instead of five.
  - Hospitals must now report on six required measures (up from five), but the total scoring value remains at **25 points**. If a hospital qualifies for exclusions on all six measures, the points will be redistributed to the **Provide Patients Electronic Access to Health Information** measure.

## eCQM Reporting

- CMS finalized the addition of two new **risk-adjusted** eCQMs to the measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement, beginning with the CY 2026 reporting period.
  - Hospital Harm—Falls with Injury (HH-FI)
  - Hospital Harm—Postoperative Respiratory Failure (HH-RF)

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- CMS finalized the refinement to the Global Malnutrition Composite Score (GMCS) eCQM beginning in the CY 2026 reporting period.
  - CMS expanded the applicable population from hospitalized adults 65 or older to hospitalized adults 18 or older.
- CMS finalized a progressive increase in the number of mandatory eCQMs as follows:

Reporting Period/ Payment Determination	Total eCQMs Reported	eCQMs Required to Be Reported
Finalized: CY 2026/FY 2028	Eight	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM and</li> <li>• Cesarean Birth eCQM and</li> <li>• Severe Obstetric Complications eCQM and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM</li> </ul>
Finalized: CY 2027/FY 2029	Nine	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM and</li> <li>• Cesarean Birth eCQM and</li> <li>• Severe Obstetric Complications eCQM and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM and</li> <li>• Hospital Harm - Opioid-Related Adverse Events eCQM</li> </ul>
Finalized: CY 2028/FY 2030 (and for subsequent years)	Eleven	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM and</li> <li>• Cesarean Birth eCQM and</li> <li>• Severe Obstetric Complications eCQM and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM and</li> <li>• Hospital Harm - Opioid-Related Adverse Events eCQM and</li> <li>• Hospital Harm – Pressure Injury eCQM and</li> <li>• Hospital Harm – Acute Kidney Injury eCQM</li> </ul>

These changes align the program with the **Hospital IQR Program** to improve coordination and reduce reporting burdens for hospitals.

### ONC Certification Criteria Reference Update

CMS changed references from “2015 Edition health IG certification criteria” to “ONC health IT certification criteria.”

### Scoring Changes

CMS finalized an increase to the performance-based minimum scoring threshold from 60 points to 70 points for the EHR reporting period in CY 2025. The scoring threshold will further increase to 80 points starting with the EHR reporting period in CY 2026 and continuing in subsequent years. This gradual increase aims to encourage eligible hospitals and CAHs to improve interoperability and data exchange while allowing time to adapt. The total possible score remains 100 points, with bonus points available.

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Acronyms			
<b>AR</b>	Antimicrobial Resistance	<b>HH-FI</b>	Hospital Harm-Falls with Injury
<b>AU</b>	Antimicrobial Use	<b>HH-RF</b>	Hospital Harm-Postoperative Respiratory Failure
<b>AUR</b>	Antimicrobial Use and Resistance	<b>IG</b>	implementation guide
<b>BCMA</b>	Bar-Coded Medication Administration	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CAH</b>	Critical Access Hospital	<b>IQR</b>	Inpatient Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IT</b>	information technology
<b>CY</b>	calendar year	<b>LIS</b>	Laboratory Information System
<b>eCQM</b>	electronic clinical quality measure	<b>LTCH</b>	Long-Term Care Hospital
<b>EHR</b>	electronic health record	<b>NHSN</b>	National Healthcare Safety Network
<b>eMAR</b>	Electronic Medication Administration Record	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>FY</b>	fiscal year	<b>PPS</b>	prospective payment system
<b>GMCS</b>	Global Malnutrition Composite Score		