

| General Requirements:  |  |  |   |   |
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| To be considered a meaningful user and to avoid a downward payment adjustment, the following is required for eligible hospitals* and critical access hospitals** participating in the Medicare Promoting Interoperability Program.   |  |  |   |   |
| Submit data based on the CMS required reporting period.  | Report data using the <a href="#">ONC Health IT certification criteria</a> to meet the CEHRT requirement.  | Report data using CMS approved CY 2025 measure specifications.   | Earn a minimum total program score of 70 points.  | Successfully submit data to the <a href="#">HQR Secure Portal</a> by the submission deadline: |
| <ul style="list-style-type: none"><li>For eCQM reporting, submit four quarters of CY 2025 data (Q1, Q2, Q3, and Q4).</li><li>The EHR Reporting Period is a minimum of any continuous, self-selected 180-day period within CY 2025.</li></ul> <p>◇ Last day to begin 180-day reporting requirement is July 5, 2025.</p> | <ul style="list-style-type: none"><li>The CMS EHR Certification ID is required to submit data in the <i>HQR Secure Portal</i>. For information, visit the <a href="#">Certified Health IT Product List</a> website.</li><li>Use the ONC health IT certification criteria functionality as needed for a measure action to count in the numerator during the EHR reporting period.</li></ul> | <ul style="list-style-type: none"><li>For eCQM specifications, use the CMS Annual Update published in 2024 and any applicable addenda for the CY 2025 reporting period, available on the <a href="#">eCQI Resource Center</a>.</li><li>For objective and measure specifications, use the CY 2025 Specifications.</li></ul> | <ul style="list-style-type: none"><li>A total score up to 100 points includes scores of individual measures added together.</li><li>A score of 0 in the numerator or an objective will result in a program failure.</li><li>Scores will be rounded to the nearest whole number during measure calculation for performance rates and objective/measure scores.</li></ul> | ⇒ Monday, March 2, 2026, at 11:59 p.m. PT   |

| SCORED REQUIREMENTS  |
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| The total program score must be at least 70 points.  |
| <b>Electronic Prescribing</b> <ul style="list-style-type: none"><li>e-Prescribing (10 points) (Numerator/Denominator Required)</li><li>Query of PDMP (10 points) (Yes/No Attestation Required)</li></ul>   |
| <b>Health Information Exchange: Must select 1 of the 3 reporting options below.</b> <p>Support Electronic Referral Loops by Sending Health Information (15 points)<br/><b>AND</b> Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points) (Numerator/Denominator Required)</p> <p><b>OR</b></p> <p>Health Information Exchange Bi-Directional Exchange (30 points) (Yes/No Attestation Required)</p> <p><b>OR</b></p> <p>Enabling Exchange under TECCA (30 points) (Yes/No Attestation Required)</p>   |
| <b>Provider to Patient Exchange</b> <p>Provide Patients Electronic Access to Their Health Information (25 points) ) (Numerator/Denominator Required)</p>   |
| <b>Public Health and Clinical Data Exchange (25 points)</b> <p>An Option 2 active engagement level is required for each measure below.</p> <ul style="list-style-type: none"><li>Syndromic Surveillance Reporting (Yes/No Attestation Required)</li><li>Immunization Registry Reporting (Yes/No Attestation Required)</li><li>Electronic Case Reporting (Yes/No Attestation Required)</li><li>Electronic Reportable Laboratory Result Reporting (Yes/No Attestation Required)</li></ul> <p>A level of active engagement is required for each measure below.</p> <ul style="list-style-type: none"><li>Antimicrobial Use (AU) Surveillance measure (Yes/No Attestation Required)</li><li>Antimicrobial Resistance (AR) Surveillance measure (Yes/No Attestation Required)</li></ul> |

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| eCQM REPORTING REQUIREMENTS   |
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| Submit four calendar quarters of data for a total of six eCQMs. Each quarter must contain the same six eCQMs.   |
| <b>Submit data for the following eCQMs:</b> <p>Three CMS-selected (mandatory) eCQMs:</p> <ul style="list-style-type: none"><li>Safe Use of Opioids – Concurrent Prescribing</li><li>Cesarean Birth (PC-02)</li><li>Severe Obstetric Complications (PC-07)</li></ul> <p><b>AND</b></p> <p>Three self-selected eCQMs from the <a href="#">CY 2025 Available eCQMs Table</a></p> |
| <b>Submit eCQM data as any combination of the following:</b> <ul style="list-style-type: none"><li>QRDA Category I files with patients meeting the IPP of the applicable measure(s)</li><li>Zero denominator declarations</li><li>Case threshold exemptions</li></ul>   |
| <b>Refer to the <a href="#">CY 2025 eCQM Submission Overview</a> and <a href="#">CY 2025 QRDA Category I Submission Checklist</a> on the QualityNet and Quality Reporting Center websites.</b>  |

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| UNSCORED REQUIREMENTS   |
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| An attestation of Yes is required.  |
| <b>Protect Patient Health Information</b> <ul style="list-style-type: none"><li>SAFER Guides</li><li>Security Risk Analysis Measure</li></ul> |
| <b>Acting to Limit or Restrict the Compatibility or Interoperability of CEHRT</b>   |
| <b>ONC Direct Review</b>  |

Bonus

| OPTIONAL MEASURES/REQUIREMENTS  |
|---|
| <b>Public Health and Clinical Data Exchange Report only one for 5 bonus points:</b> <ul style="list-style-type: none"><li>Public Health Registry Reporting (Yes/No Attestation Required)</li><li>Clinical Data Registry Reporting (Yes/No Attestation Required)</li></ul> |
| <b>ONC ACB Surveillance (Yes/No/NA Attestation):</b> <p>This is an <i>optional</i> attestation.</p> <p>No bonus points will be provided.</p>  |

\*The submission of CY 2025 data will affect the FY 2027 payment determination.  
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| <b>ACB</b>   | Authorized Certification Body            | <b>HQR</b>   | Hospital Quality Reporting                       |
| <b>AR</b>    | Antimicrobial Resistance                 | <b>ID</b>    | identification                                   |
| <b>AU</b>    | Antimicrobial Use                        | <b>IPP</b>   | Initial Patient Population                       |
| <b>CEHRT</b> | Certified EHR Technology                 | <b>IT</b>    | information technology                           |
| <b>CMS</b>   | Centers for Medicare & Medicaid Services | <b>ONC</b>   | Office of the National Coordinator               |
| <b>CY</b>    | calendar year                            | <b>PC</b>    | Perinatal Care                                   |
| <b>eCQI</b>  | Electronic Clinical Quality Improvement  | <b>PDMP</b>  | Prescription Drug Monitoring Program             |
| <b>eCQM</b>  | electronic clinical quality measure      | <b>Q</b>     | quarter  |
| <b>EHR</b>   | electronic health record                 | <b>QRDA</b>  | Quality Reporting Document Architecture          |
| <b>FY</b>    | fiscal year                              | <b>SAFER</b> | Safety Assurance Factors for EHR Resilience      |
| <b>HQR</b>   | Hospital Quality Reporting               | <b>TEFCA</b> | Trusted Exchange Framework and Common Agreement™ |