Calendar Year 2027
Medicare Promoting Interoperability Program Guide for Eligible Hospitals and Critical Access Hospitals

Fiscal Year 2029 Payment Determination for Eligible Hospitals/ Fiscal Year 2027 for Critical Access Hospitals

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About This Program Guide

This *CY 2027 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 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) 2027 for the Medicare Promoting Interoperability Program. Successful submission of CY 2027 data by eligible hospitals will affect the hospital's future Medicare payment between October 1, 2028, and September 30, 2029, referring to the fiscal year (FY) 2029 payment determination. The fiscal year is also known as the Payment Year. For CAHs, the submission of CY 2027 data will affect the FY 2027 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 weekdays from 9 a.m. to 5 p.m. Eastern Time (ET).

- Email: 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 EHR technology (CEHRT). Eligible hospitals and CAHs participate by submitting data to CMS on measures, including electronic clinical quality measures (eCQMs), 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 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, 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 CY 2027 will receive a reduction to the IPPS applicable percentage increase beginning October 1, 2028, for the FY 2029 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 2027 will receive a reduction in its reimbursement of reasonable costs for the cost reporting period for FY 2027.

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:

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 2027 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 *Hospital Quality Reporting (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 2027 reporting period is available on CMS' QualityNet and Quality Reporting Center websites.

For the CY 2027 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 2027** (EHR reporting period for a payment adjustment year 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, 2027).

- The data submission period is January 1– February 28, 2028, at 11:59 p.m. Pacific Time (PT) for submitting data from the prior years' EHR reporting period for a payment adjustment year.

➢ **eCQM Data Submissions for all four quarters of CY 2027.**

- The data submission deadline is February 28, 2028, at 11:59 p.m. PT.

Important Information About Data Submission Deadlines

- Authorized users and vendor(s) can upload, delete, and edit 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 2027 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 the requirements outlined in 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** the requirements listed below. Additional information about each requirement is included below.

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 2027
   - 3a. Complete Attestation Information/Disclaimer.
   - 3b. Complete Attestations for the Security Risk Analysis measure under the Protect Patient Health Information Objective.
   - 3c. Complete Attestation for the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure under the Protect Patient Health Information Objective.
   - 3d. Submit Electronic Prescribing (eRx) Objective measures.
   - 3e. Submit 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 80 points.
5. Submit CY 2027 eCQM data.

Important Note: For the EHR reporting period in CY 2027, eligible hospitals and CAHs must earn a minimum total program score of 80 points, and no objective or 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. To register as a Basic User or Security Official:

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 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 CY 2027 (e.g., June 2027) is not required to submit CY 2027 program requirements by February 28, 2028. They are required to collect data for any continuous 180-day period between January 1, 2028, and December 31, 2028 (known as the EHR reporting period in CY 2028). CY 2028 data are then reported to the *HQR Secure Portal* by the submission deadline in 2029.

Registration Information: Hospital staff must indicate whether they have a CMS EHR Certification ID (CEHRT ID) and, if so, enter it.

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 2027

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 Office of National Coordinator for Health Information Technology (ONC) Health IT certification criteria to meet the CEHRT requirement and the CMS Specifications Manual for the EHR Period in CY 2027.

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:

- CMS EHR Certification ID (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.)

Important Note: For CY 2027, the CEHRT ID must start with 2027C.

- 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 2027.)

Important Note: For CY 2027, the last day to begin the 180-day reporting period is July 5.

- Attesting that you have submitted or will submit eCQM data.
- "Yes" answer to the following attestation statement:

- Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT: This self-reported attestation is based on the Medicare Access and Children's Health Insurance Program 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.

Additional information about the ONC Health IT Certification Program is located in the Attestations Resource Guide on HealthIT.gov.

3b. Complete Attestations for the Security Risk Analysis Measure

Eligible hospitals and CAHs must attest "Yes" to conducting or reviewing security risk analysis and security risk management activities at any time during CY 2027. For guidance, use the CMS Specifications Manual for the EHR Period in CY 2027.

3c. Complete Attestation for the SAFER Guides Measure

Eligible hospitals and CAHs must attest "Yes" to having conducted an annual self-assessment using **all eight (8)** SAFER Guides (published in 2025), 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 2027.

Important Note: For CY 2027, eligible hospitals and CAHs must use the 2025 SAFER Guides to meet program requirements.

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 2027.

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.

To earn bonus points, eligible hospitals and CAHs must attest "Yes" to the following bonus measure under the HIE objective:

Bonus Measure (Optional) Note: Reporting "Yes" to this measure will result in 10 bonus points.
Electronic Prior Authorization (ePA)

For guidance on reporting this information, use the CMS Specifications Manual for the EHR Period in CY 2027.

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 2027.

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

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

Required Measures
Immunization Registry Reporting
Syndromic Surveillance Reporting
Electronic Case Reporting (eCR)
Electronic Laboratory Reporting (ELR)
Antimicrobial Use (AU) Surveillance
Antimicrobial Resistance (AR) Surveillance
Unique Device Identifiers (UDI) [1]

[1] An attestation of "Yes" or "No" will meet the requirement for this measure. A level of active engagement is not required for this measure.

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

Option 1: Pre-production and validation

Option 2: Validated data production

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

To earn bonus points, eligible hospitals and CAHs must attest "Yes" and indicate an Option 2 (Validated data production) active engagement level on any or all of the following bonus measures under the Public Health and Clinical Data Exchange Objective:

Bonus Measures (Optional) Note: Reporting on all measures will not result in more than 5 bonus points.
Public Health Registry Reporting
Clinical Data Registry Reporting
Public Health Reporting Using TEFCA ™

For guidance, use the CMS Specifications Manual for the EHR Period in CY 2027.

Important Note: Every measure under this objective, except for the UDI measure, requires a level of active engagement. This includes 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 80 Points

A maximum of 115 points is available, including 15 bonus points. For additional information related to scoring, refer to the "Performance-based scoring methodology" section below.

Important Note: A maximum of 15 bonus points is available, including 10 bonus points for the optional ePA measure and 5 bonus points for the optional measures under the Public Health and Clinical Data Exchange Objective.

5. Submit CY 2027 eCQM Data

The eCQM reporting requirement is an aligned requirement for hospitals participating in the Medicare Promoting Interoperability Program and the Hospital IQR Program. Although CAHs are not required to participate in the Hospital IQR program, CAHs are required to report eCQM data and successfully meet the eCQM reporting requirement for the Medicare Promoting Interoperability 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 EHRs.

You can obtain more information about the Hospital IQR Program on the QualityNet website: *QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting Program*.

For the CY 2027 reporting period, eligible hospitals and CAHs must complete the following eCQM submission requirements by **February 28, 2028**, **at 11:59 p.m. Pacific Time**:

- ✓ Submit a total of nine eCQMs from the CY 2027 measure set. (See table below.)
  - Submit three self-selected eCQMs for all four quarters of CY 2027.
  - Submit six CMS-selected, mandatory eCQMs for all four quarters of CY 2027.

Important Note: Hospitals that do not have patient-level data meeting the initial population (IP) for the mandatory measure(s) must submit a zero denominator declaration for each applicable quarter. CMS advises reviewing the IP and denominator requirements for each eCQM on the eCQI Resource Center website to ensure your denominator declaration selections are appropriate. Visit the eCQM Resources page on QualityNet for additional details.

- ✓ 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 2026 eCQM annual update for CY 2027 reporting and applicable addenda, available on the eCQI Resource Center's Hospital-Inpatient eCQMs web page.
  - The *2027 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:

Eligible hospitals and CAHs may successfully report by submitting:

- A combination of QRDA Category I files with patients meeting the IP 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. Visit the eCQM Resources page on QualityNet for additional details.

CY 2027 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[1]	Safe Use of Opioids – Concurrent Prescribing
PC-02[1]	Cesarean Birth
PC-07[1,2]	Severe Obstetric Complications
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[2]	Hospital Harm – Acute Kidney Injury
HH-PI	Hospital Harm – Pressure Injury
HH-FI[2]	Hospital Harm – Falls with Injury
HH-HYPO [1]	Hospital Harm – Severe Hypoglycemia
HH-HYPER [1]	Hospital Harm – Severe Hyperglycemia
HH-RF[2]	Hospital Harm – Postoperative Respiratory Failure
HH-ORAE[1]	Hospital Harm – Opioid Related Adverse Events
MCS	Malnutrition Care Score

[1]CMS-selected eCQM/Mandatory eCQM
[2]Risk-Adjusted 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.

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).

Medicare Promoting Interoperability Program Performance-Based Scoring Methodology for the EHR Reporting Period in CY 2027

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 **80** points is required to satisfy the scoring requirement.

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

Important Note: Failure to report at least a "1" for all required measures with a numerator and denominator, 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.

<table>
<tr><th>Objectives</th><th colspan="6">Scored Measures</th><th>Possible Points</th></tr>
<tr><td>Electronic Prescribing</td><td colspan="2">e-Prescribing
(10 points)</td><td colspan="4">Query of PDMP
(10 points)</td><td>20</td></tr>
<tr><td rowspan="2">HIE</td><td colspan="2">Option 1
(Report on both)</td><td>Option 2</td><td>Option 3</td><td colspan="2">Bonus</td><td rowspan="2">30
(+10 bonus points)</td></tr>
<tr><td>Support Electronic Referral Loops by Sending Health Information
(15 points)</td><td>Support Electronic Referral Loops by Receiving Health Information
(15 points)</td><td>HIE Bi-Directional Exchange
(30 points)</td><td>Enabling Exchange under TEFCA™
(30 points)</td><td colspan="2">Electronic Prior Authorization
(10 points)</td></tr>
<tr><td>Provider To Patient Exchange</td><td colspan="6">Provide Patients Electronic Access to Their Health Information
(25 points)</td><td>25</td></tr>
<tr><td>Public Health and Clinical Data Exchange</td><td colspan="3">Report on the following
(25 points):
• Syndromic Surveillance Reporting
• Immunization Registry Reporting
• Electronic Case Reporting
• Electronic Laboratory Reporting
• AU Surveillance
• AR Surveillance
• Unique Device Identifiers</td><td colspan="3">Bonus
Report on one or more
(5 bonus points):
• Public Health Registry Reporting
• Clinical Data Registry Reporting
Public Health Reporting Using TEFCA™</td><td>25
(+5 bonus points)</td></tr>
<tr><td colspan="7">Total Possible Points</td><td>115</td></tr>
</table>

Exclusion Redistribution

CMS allows for point redistribution in the event an eligible hospital or CAH claims an exclusion for a given measure or objective during the EHR reporting period.

Exclusion Redistribution for the EHR Reporting Period in CY 2027		
Objective	**Measure**	**Redistribution if Exclusion Claimed**
e-Prescribing	e-Prescribing	10 points to HIE objective
	Query of PDMP	10 points to e-Prescribing measure
HIE	Support Electronic Referral Loops by Sending Health Information	No exclusion
	AND	
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	No exclusion
	OR	
	HIE Bi-Directional Exchange	No exclusion
	OR	
	Enabling Exchange under TEFCA ™	No exclusion
	Electronic Prior Authorization (Optional)	No exclusion
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion
Public Health and Clinical Data Exchange	Report the following seven measures: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Laboratory Reporting • AU Surveillance • AR Surveillance • Unique Device Identifier	If an exclusion is claimed for each of the seven measures, 25 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure.

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:

- 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

- Decertified EHR Technology – Hospitals must demonstrate that their certified EHR technology was decertified under ONC's Health IT Certification Program (during the 12-month period perceiving or during the applicable EHR reporting period) for the payment adjustment year and display that a good faith effort to obtain another CEHRT for that EHR reporting period was made.

To apply, complete the Hardship Exception application at this link: https://cmsqualitysupport.servicenowservices.com/cms_hh

For more information on the Hardship Exception process, view the **CY 2027 Hardship Exception Fact Sheet** 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 2027

Important Note: Exceptions for Hospital IQR Program requirements follow a different process, and Hospital IQR Program participants can apply for an extraordinary circumstances exception (ECE). For information on ECEs for the Hospital IQR Program, 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/Long-Term Care Hospital Prospective Payment System (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 public reporting of additional 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.

Contact Information and Resources

Center for Clinical Standards and Quality Service Center 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*. Contact the CCSQ Service Center at qnetsupport@cms.hhs.gov or (866) 288-8912.

Centers for Disease Control and Prevention www.cdc.gov

For questions about measure submissions (e.g., AU and AR module reporting), please contact the NHSN help desk at 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.

Centers for Medicare & Medicaid Services 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.

eCQM-Specific Resources

eCQM Specifications and QRDA standards questions are submitted to the ONC JIRA Tracker under eCQM and QRDA Issue Trackers: https://oncprojectracking.healthit.gov/wiki/olp.

eCQM validation inquiries are submitted to the Validation Support Contractor at 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.

Federal Register 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.

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

The Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team supports activities under the Medicare Promoting Interoperability Program. Contact the team at https://cmsqualitysupport.servicenowservices.com/qnet_qa or (844) 472-4477 or (866) 800-8765.

Medicare Promoting Interoperability Program Website https://qualitynet.cms.gov/inpatient/PI

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

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

Notices generated on the EHR Notify 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 Program Question and Answer Tool

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.

Office of National Coordinator for Health Information Technology https://healthit.gov/about/

ONC is at the forefront of the administration's health information technology 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. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services.

QualityNet 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.

Quality Payment Program https://qpp.cms.gov/

For questions about the Merit-based Incentive Payment System's Promoting Interoperability Performance Category, eligible clinicians may reach out to the QPP Service Center at QPP@cms.hhs.gov or (866) 288-8292.

Acronyms/Terms

Acronym	Term
AKI	Acute Kidney Injury
AR	Antimicrobial Resistance
AU	Antimicrobial Use
CAHs	critical access hospitals
CCSQ	Center for Clinical Standards and Quality
CDA	Clinical Document Architecture
CDC	Centers for Disease Control and Prevention
CEHRT	certified electronic health record technology
CMS	Centers for Medicare & Medicaid Services
CY	calendar year
ECE	Extraordinary Circumstances Exceptions
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measure
eCR	Electronic Case Reporting
ePA	Electronic Prior Authorization
ED	emergency department
EHR	electronic health record
ELR	Electronic Laboratory Reporting
eRX	Electronic Prescribing
FI	Falls with Injury
FY	fiscal year
HARP	Health Care Quality Information System Access Roles and Profile
HCQIS	Health Care Quality Information System
HH	Hospital Harm
HIE	Health Information Exchange
HQR	Hospital Quality Reporting
IP	Initial Population
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH	Long-Term Care Hospital
MACRA	Medicare Access and Children's Health Insurance Program Reauthorization Act
MCS	Malnutrition Care Score
NHSN	National Healthcare Safety Network
ONC	Office of the National Coordinator for Health Information Technology
ORAE	Opioid Related Adverse Events
PC	Perinatal Care
PDF	Portable Document Format
PDMP	Prescription Drug Monitoring Program

Acronym	Term
PI	Pressure Injury
PPS	prospective payment system
QPP	Quality Payment Program
QRDA	Quality Reporting Document Architecture
RF	Postoperative Respiratory Failure
SAFER	Safety Assurance Factors for EHR Resilience
SO	Security Official
STK	stroke
UDI	Unique Device Identifiers
TEFCA™	Trusted Exchange Framework and Common Agreement™
VTE	Venous Thromboembolism