Medicare Promoting Interoperability Program: Summary of FY 2027 IPPS/LTCH PPS Final Rule Changes

FY 2027 IPPS/LTCH PPS Final Rule Location

The FY 2027 IPPS/LTCH PPS final rule (CMS-1849-F and CMS-0062-F) (at https://www.govinfo.gov/content/pkg/FR-2026-08-04/pdf/2026-15833.pdf) contains details of the Medicare Promoting Interoperability Program on pages 50028–50080 and Adoption of Health Information Technology Standards and Incorporation by Reference on pages 50311–50323. For more information on the adopted standards, please visit the ONC Finalizes the Adoption of Certain Health IT Standards in the FY 2027 CMS IPPS Final Rule Fact Sheet.

Removal of Two ONC Attestations

Beginning with the EHR reporting period in CY 2026 and subsequent years, CMS finalized the removal of two attestations, the ONC Direct Review and ONC-ACB Surveillance attestations. Although these attestations are being removed, eligible hospitals and CAHs are strongly encouraged to continue participating in these oversight processes.

Removal of the ONC Direct Review Attestation

The ONC Direct Review attestation was required under this program. A "Yes" response met the attestation requirement, while a "No" response could result in a downward payment adjustment.

CMS finalized the removal of this attestation for the data submission period beginning January 1, 2027. Eligible hospitals and CAHs will not need to report this attestation for the March 1, 2027, submission deadline, and there would be no effect on their payment determination.

Removal of the ONC-ACB Surveillance Attestation

The ONC-ACB Surveillance attestation was optional under this program. CMS finalized the removal of this attestation for the data submission period beginning January 1, 2027. Eligible hospitals and CAHs will not have the option to report this attestation for the March 1, 2027, submission deadline, and there would be no effect on their payment determination.

Modifications to the HIE Objective

CMS removed two measures and modified one measure under the HIE objective. Beginning with the EHR reporting period in CY 2029, eligible hospitals and CAHs would fulfill requirements in the HIE objective by attesting "Yes" to either the HIE Bi-Directional Exchange measure or the Enabling Exchange under TEFCA measure, as well as attesting "Yes" or claiming an Exclusion on the ePA measure.

Remove Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Reconciling Health Information Measures

Beginning with the EHR reporting period in CY 2029, the rule:

- Removed reporting Option 1: Support Electronic Referral Loops by Sending Health Information measure (15 points) and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure (15 points).
- Maintained the same scoring policy for the remaining two measure options: HIE Bi-Directional Exchange (30 points) or Enabling Exchange Under TEFCA (30 points).

Modified the ePA Measure

CMS finalized the following modifications to the ePA measure:

- Modified the measure description beginning with the EHR reporting period in CY 2027 to the following text: *For at least one medical item or service (excluding drugs) ordered during a hospital encounter that occurs within the EHR reporting period, the prior authorization is requested electronically through a Prior Authorization API using CEHRT.*
- Modified the measure to be optional and eligible for 10 bonus points for eligible hospitals and CAHs that attest "Yes" to the measure for the EHR reporting period in CY 2027. There are no exclusions available for optional measures.
- Mandatory reporting to the updated ePA measure beginning with the EHR reporting period in CY 2028. Only a "Yes" attestation or claiming an applicable exclusion would fulfill the requirement. The measure will be unscored.

CMS will strongly consider further modifying the ePA measure in the FY 2028 IPPS/LTCH PPS proposed rule in order to align requirements to match the proposed requirements for MIPS-eligible clinicians in the CY 2027 PFS proposed rule. This would include a proposal to revise the measure to focus on submitting a prior authorization request based on a complete prior authorization workflow as reflected in the combined use of all three ONC health IT certification criteria at 45 CFR 170.315(g)(31), (32), and (33) for CY 2028 (91 FR 44178).

PHCDE Objective

CMS adopted one new measure under the PHCDE objective beginning with the EHR reporting period in CY 2027.

Adopted the UDI for Implantable Medical Devices Measure

CMS finalized the adoption of the UDI for Implantable Medical Devices measure beginning with the EHR reporting period in CY 2027. During the EHR reporting period, the eligible hospital or CAH must use CEHRT to electronically capture and store the complete UDI as one or more discrete data elements in the patient's EHR.

The complete UDI includes the device identifier and, when included on the device label, the production identifier for each implantable medical device subject to UDI requirements and used in patient care. An eligible hospital or CAH may claim an exclusion if it implanted five or fewer medical devices subject to UDI requirements during the calendar year of the applicable EHR reporting period.

Eligible hospitals and CAHs will be required to attest "Yes," "No," or claim an applicable exclusion to fulfill the measure requirements. No points will be assigned to this measure; rather, it would be one of seven measures required to satisfy the PHCDE objective.

eCQM Reporting

In alignment with the Hospital IQR Program beginning with CY 2028 reporting period and subsequent years, CMS finalized the following:

- The adoption of two new eCQMs to the measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement

- Hospital Harm – Postoperative Venous Thromboembolism (HH – Postoperative VTE)
- Advance Care Planning

➢ The removal of three VTE-related eCQMs from the measure set

- Discharged on Antithrombotic Therapy (STK-02)
- VTE Prophylaxis (VTE-1)
- Intensive Care Unit VTE Prophylaxis (VTE-2)

➢ The mandatory reporting of the Malnutrition Care Score (MCS) eCQM

➢ The mandatory reporting of the Hospital Harm eCQMs after two years as self-selected measures

- For example, the HH-FI and HH-RF eCQMs would begin mandatory reporting in the CY 2028 reporting period; the HH-VTE eCQM would become mandatory to report beginning with CY 2030, after being available for two years as a self-selected measure.
- The following table outlines the mandatory reporting for the HH measures.

Reporting Period	Hospital Harm eCQMs Required to be Reported
CY 2028	• Hospital Harm – Severe Hyperglycemia • Hospital Harm – Severe Hypoglycemia • Hospital Harm – Opioid-Related Adverse Events • Hospital Harm – Pressure Injury • Hospital Harm – Acute Kidney Injury • Hospital Harm – Falls with Injury • Hospital Harm – Postoperative Respiratory Failure
CY 2029	• Hospital Harm – Severe Hyperglycemia • Hospital Harm – Severe Hypoglycemia • Hospital Harm – Opioid-Related Adverse Events • Hospital Harm – Pressure Injury • Hospital Harm – Acute Kidney Injury • Hospital Harm – Falls with Injury • Hospital Harm – Postoperative Respiratory Failure
CY 2030 (and for subsequent years)	• Hospital Harm – Severe Hyperglycemia • Hospital Harm – Severe Hypoglycemia • Hospital Harm – Opioid-Related Adverse Events • Hospital Harm – Pressure Injury • Hospital Harm – Acute Kidney Injury • Hospital Harm – Falls with Injury • Hospital Harm – Postoperative Respiratory Failure • Hospital Harm – Postoperative Venous Thromboembolism

➢ The public reporting of the Hospital Harm eCQMs with the following modification:

- First year of mandatory reporting, data will display on the PDC only.
- Second year of mandatory reporting, data move to Care Compare and be included in Star Ratings.

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ONC Health IT Certification Program Updates

Adopted updated versions of ONC's Certified Health Information Technology Standards and Specifications. These provisions were originally proposed in the 2026 CMS Interoperability Standards and Prior Authorization for Drugs rule.

Revised the CEHRT Definition

CMS finalized to revise the definition of CEHRT at 42 CFR 495.4. The revision to the definition of CEHRT would be consistent with certain proposed modifications to the ONC health IT certification criteria in the HTI-5 proposed rule, effective January 1, 2027. This change removes references to the following certification criteria:

- ''family health history''—45 CFR 170.315(a)(12)
- ''patient health information capture''—45 CFR 170.315(e)(3)
- ''automated numerator recording''—45 CFR 170.315(g)(1)
- ''automated measure calculation''— 45 CFR 170.315(g)(2)

This ensures that the CEHRT definition remains current, fully aligned with ONC's evolving certification framework, and supportive of accurate performance measurement and program compliance.

Acronyms

CAH	Critical Access Hospital
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CY	calendar year
EHR	electronic health record
ePA	electronic Prior Authorization
FY	fiscal year
HIE	Health Information Exchange
HTI	Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit, and Electronic Prior Authorization
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IT	Information Technology
LTCH	Long-Term Care Hospital
ONC	Office of the National Coordinator for Health IT
PDC	Production Data Catalog
PHA	public health agency
PHCDE	Public Health and Clinical Data Exchange
PPS	Prospective Payment System
SAFER	Safety Assurance Factors for Electronic Health Record Resilience
TEFCA	Trusted Exchange Framework and Common Agreement
UDI	Unique Device Identifiers