Medicare Promoting Interoperability PROGRAM

CY 2027 Medicare Promoting Interoperability Program Requirements

General Requirements:

To be considered a meaningful user and to avoid a downward payment adjustment, the following is required for eligible hospitals* and CAHs participating in the Medicare Promoting Interoperability Program.**

Submit data based on the CMS required reporting period.	Report data using the ONC Health IT certification criteria to meet the CEHRT requirement.	Report data using CMS approved CY 2027 measure specifications.	Earn a minimum total program score of 80 points.	Successfully submit data to the *HQR Secure Portal* by the submission deadline:
• For eCQM reporting, submit four quarters of CY 2027 data (Q1, Q2, Q3, and Q4). • The EHR Reporting Period is a minimum of any continuous, self-selected 180-day period within CY 2027. ◊ *Last day to begin 180-day reporting requirement is July 5, 2027.*	• The CMS EHR Certification ID is required to submit data in the *HQR Secure Portal*. For information, visit the Certified Health IT Product List website. • Use the ONC Health IT certification criteria functionality as needed for a measure action to count in the numerator during the EHR reporting period.	• For eCQM specifications, use the CMS Annual Update published in 2026 and any applicable addenda for the CY 2027 reporting period, available on the eCQI Resource Center. • For objective and measure specifications, use the CMS Specifications Manual for the EHR Reporting Period in CY 2027.	• A total score up to 115 points includes scores of individual measures added together. • A score of 0 for an objective or in the numerator of a measure will result in program noncompliance. • Scores will be rounded to the nearest whole number during measure calculation for performance rates and objective/measure scores.	⇒ Monday, February 28, 2028, at 11:59 p.m. PT

SCORED REQUIREMENTS
The total program score must be at least 80 points.

Electronic Prescribing
- e-Prescribing (10 points) (Numerator/Denominator Required)
- Query of PDMP (10 points) (Yes/No Attestation Required)

HIE: Must select 1 of the 3 reporting options below.

Support Electronic Referral Loops by Sending Health Information (15 points)
AND Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points) (Numerator/Denominator Required)
OR
HIE Bi-Directional Exchange (30 points) (Yes/No Attestation Required)
OR
Enabling Exchange under TEFCA® (30 points) (Yes/No Attestation Required)

Provider to Patient Exchange

Provide Patients Electronic Access to Their Health Information (25 points) (Numerator/Denominator Required)

Public Health and Clinical Data Exchange (25 points)

A level of active engagement is required for each measure below:
[Participants may spend only one EHR reporting period in Option 1: Pre-production and validation).
- Syndromic Surveillance Reporting (Yes/No Attestation Required)
- Immunization Registry Reporting (Yes/No Attestation Required)
- Electronic Case Reporting (Yes/No Attestation Required)
- Electronic Laboratory Reporting (Yes/No Attestation Required)
- AU Surveillance measure (Yes/No Attestation Required)
- AR Surveillance measure (Yes/No Attestation Required)

A level of active engagement is not required for the measure below:
- Unique Device Identifiers (Yes/No Attestation Required)

eCQM REPORTING REQUIREMENTS
Submit four calendar quarters of data for a total of nine eCQMs.
Each quarter must contain the same nine eCQMs.

Submit data for the following eCQMs:

Six CMS-selected (mandatory) eCQMs:
- Safe Use of Opioids – Concurrent Prescribing
- Cesarean Birth (PC-02)
- Severe Obstetric Complications (PC-07)
- Hospital Harm-Severe Hypoglycemia (HH-HYPO)
- Hospital Harm-Severe Hyperglycemia (HH-HYPER)
- Hospital Harm-Opioid-Related Adverse Events (HH-ORAE)

AND

Three self-selected eCQMs from the CY 2027 Available eCQMs Table

Submit eCQM data as any combination of the following:
- QRDA Category I files with patients meeting the IP of the applicable measure(s)
- Zero denominator declarations
- Case threshold exemptions

Refer to the CY 2027 eCQM Submission Overview and CY 2027 QRDA Category I Submission Checklist on the QualityNet and Quality Reporting Center websites.

UNSCORED REQUIREMENTS
An attestation of Yes is required.

Protect Patient Health Information
- SAFER Guides (published in 2025)
- Security Risk Analysis Measure (conduct both security risk analysis + security risk management activities)

Acting to Limit or Restrict the Compatibility or Interoperability of CEHRT

Bonus

OPTIONAL MEASURES

HIE

Earn 10 bonus points by attesting Yes to the bonus measure below:
- Electronic Prior Authorization (Yes/No Attestation)

Public Health and Clinical Data Exchange

Earn a total of 5 bonus points by attesting Yes and indicating an Option 2 (Validated data production) active engagement level on *any or all* of the bonus measures below:
- Public Health Registry Reporting (Yes/No Attestation)
- Clinical Data Registry Reporting (Yes/No Attestation)
- Public Health Reporting Using TEFCA® (Yes/No Attestation)

*The submission of CY 2027 data will affect the FY 2029 payment determination.
**The submission of CY 2027 data will affect the FY 2027 payment determination.

For questions about the Medicare Promoting Interoperability Program and Hardship Exception Process, please contact Inpatient and Outpatient Healthcare Quality Systems Development and Program Support at https://cmsqualitysupport.servicenowservices.com/qnet_qa or (844) 472-4477.

AR	Antimicrobial Resistance	**HYPER**	Hyperglycemia
AU	Antimicrobial Use	**HYPO**	Hypoglycemia
CAH	critical access hospital	**ID**	identification
CEHRT	Certified EHR Technology	**IP**	Initial Population
CMS	Centers for Medicare & Medicaid Services	**IT**	information technology
CY	calendar year	**ONC**	Office of the National Coordinator
eCQI	Electronic Clinical Quality Improvement	**PC**	Perinatal Care
eCQM	electronic clinical quality measure	**PDMP**	Prescription Drug Monitoring Program
EHR	electronic health record	**PT**	Pacific Time
FY	fiscal year	**Q**	quarter
HH	Hospital Harm	**QRDA**	Quality Reporting Document Architecture
HIE	Health Information Exchange	**SAFER**	Safety Assurance Factors for EHR Resilience
HQR	Hospital Quality Reporting	**TEFCA®**	Trusted Exchange Framework and Common Agreement™

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