

**CY 2025
MEDICARE PROMOTING
INTEROPERABILITY PROGRAM
REPORTING**

August 2025



SPEAKERS

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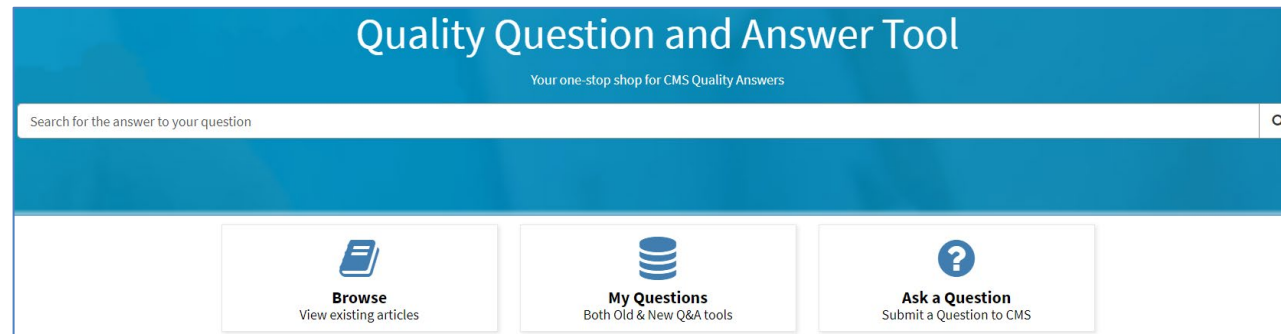
Project Manager

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support



WEBINAR QUESTIONS

- Please email questions related to this webinar to WebinarQuestions@hsag.com.
 - Subject Line: CY 2025 Medicare Promoting Interoperability Program Reporting
 - Include your question and the applicable slide number in the body of the email.
- For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa



PURPOSE

This presentation will provide an overview of the Medicare Promoting Interoperability Program, highlighting program requirements and resources for calendar year (CY) 2025 reporting.

LEARNING OBJECTIVES

Participants will be able to:

- Summarize CY 2025 reporting requirements for the Medicare Promoting Interoperability Program.
- Identify requirement changes for CY 2025 reporting.
- Locate and access helpful program-specific resources, including eCQM reporting resources on the QualityNet and Quality Reporting Center websites.

ACRONYMS AND ABBREVIATIONS

ACB	Authorized Certification Body	IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults
AKI	Acute Kidney Injury	IPP	Initial Patient Population
AU	Antimicrobial Use	IT	information technology
AR	Antimicrobial Resistance	IQR	Inpatient Quality Reporting
ASTP	Assistant Secretary for Technology Policy	LTCH	Long-Term Care Hospital
CAH	critical access hospital	ONC	Office of the National Coordinator
CEHRT	Certified EHR Technology	ORAE	Opioid Related Adverse Events
CHPL	Certified Health IT Product List	PC	Perinatal Care
CMS	Centers for Medicare & Medicaid Services	PDMP	Prescription Drug Monitoring Program
CY	calendar year	PI	Pressure Injury
eCQM	electronic clinical quality measure	PPS	Prospective Payment System
EHR	electronic health record	SAFER	Safety Assurance Factors for EHR Resilience
FY	fiscal year	STK	stroke
GMCS	Global Malnutrition Composite Score	TEFCA	Trusted Exchange Framework and Common Agreement™
HH	Hospital Harm	VTE	venous thromboembolism
HQR	Hospital Quality Reporting		



CY 2025 REPORTING OVERVIEW

CY 2025 TIMELINE



2025

- Begins January 1, 2025
- Ends December 31, 2025

Important Dates

- Data submission begins:
 - eCQM: Fall 2025
 - Attestation and web-based measure data: January 1, 2026
- Data submission deadline: March 2, 2026, 11:59 p.m. Pacific Time

2026

- Eligible hospitals and critical access hospitals (CAHs) that did not demonstrate meaningful use can submit a Hardship Exception Application. The application period opens May 1, 2026.
- The deadline for eligible hospitals is July 31, 2026.
 - The deadline for CAHs is September 30, 2026.

Fiscal Year (FY) 2027*

Payment adjustments for eligible hospitals will be applied October 1, 2026, for the FY 2027 payment determination.
**Payment adjustments for CAHs will be applied for FY 2025.*

PAYMENT ADJUSTMENTS

- Eligible hospitals and CAHs must demonstrate the meaningful use of certified electronic health record technology (CEHRT) for an electronic health record (EHR) reporting period every year to avoid a downward payment adjustment.
- Eligible hospitals and CAHs must report their data and attestations using the CMS Hospital Quality Reporting System (HQR): <https://hqr.cms.gov/hqrng/login>
 - If an eligible hospital does not demonstrate meaningful use, the payment adjustment is applied as a reduction of three-quarters of the applicable percentage increase to the Inpatient Prospective Payment System (IPPS) payment rate for one year.
 - If a CAH does not demonstrate meaningful use, its Medicare reimbursement will be reduced from 101 percent of its reasonable costs to 100 percent for that year.

HARDSHIP EXCEPTIONS

- CMS offers eligible hospitals and CAHs the opportunity to apply for a Hardship Exception, citing one of the following specified reasons for review and approval:
 - Insufficient internet connectivity
 - Extreme and uncontrollable circumstances (e.g., disaster, hospital closure, severe financial distress such as bankruptcy or debt restructuring, and CEHRT/vendor issues)
 - Decertified EHR Technology
- To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a [Hardship Exception Application](#) by the deadline.
- If approved, the Hardship Exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and no eligible hospital or CAH can be granted more than five exceptions in a lifetime.

CY 2025 Hardship Exception Application Dates		
Hospital Type	Application Period Opens	Application Period Deadline
Eligible Hospital*	5/1/2026	7/31/2026
CAH**	5/1/2026	9/30/2026

*The hardship exception application applies to the FY 2027 payment determination.

**The hardship exception application applies to the FY 2025 payment determination.

CY 2025 REQUIREMENTS

KEY CHANGES FOR CY 2025

▪ **Public Health & Clinical Data Exchange Objective**

- Must select level of active engagement Option 2 for each of these measures, or claim an applicable exclusion:
 - Syndromic Surveillance Reporting
 - Immunization Registry Reporting
 - Electronic Case Reporting
 - Electronic Laboratory Reporting
- Must select level of active engagement Option 1 or 2 for each of these measures, or claim an applicable exclusion:
 - Antimicrobial Use (AU) Surveillance measure
 - Antimicrobial Resistance (AR) Surveillance measure

▪ **Minimum Total Program Score:** Hospitals must earn a minimum of 70 points.

▪ **eCQMs:** CMS added three new self-selected eCQMs to the measure set:

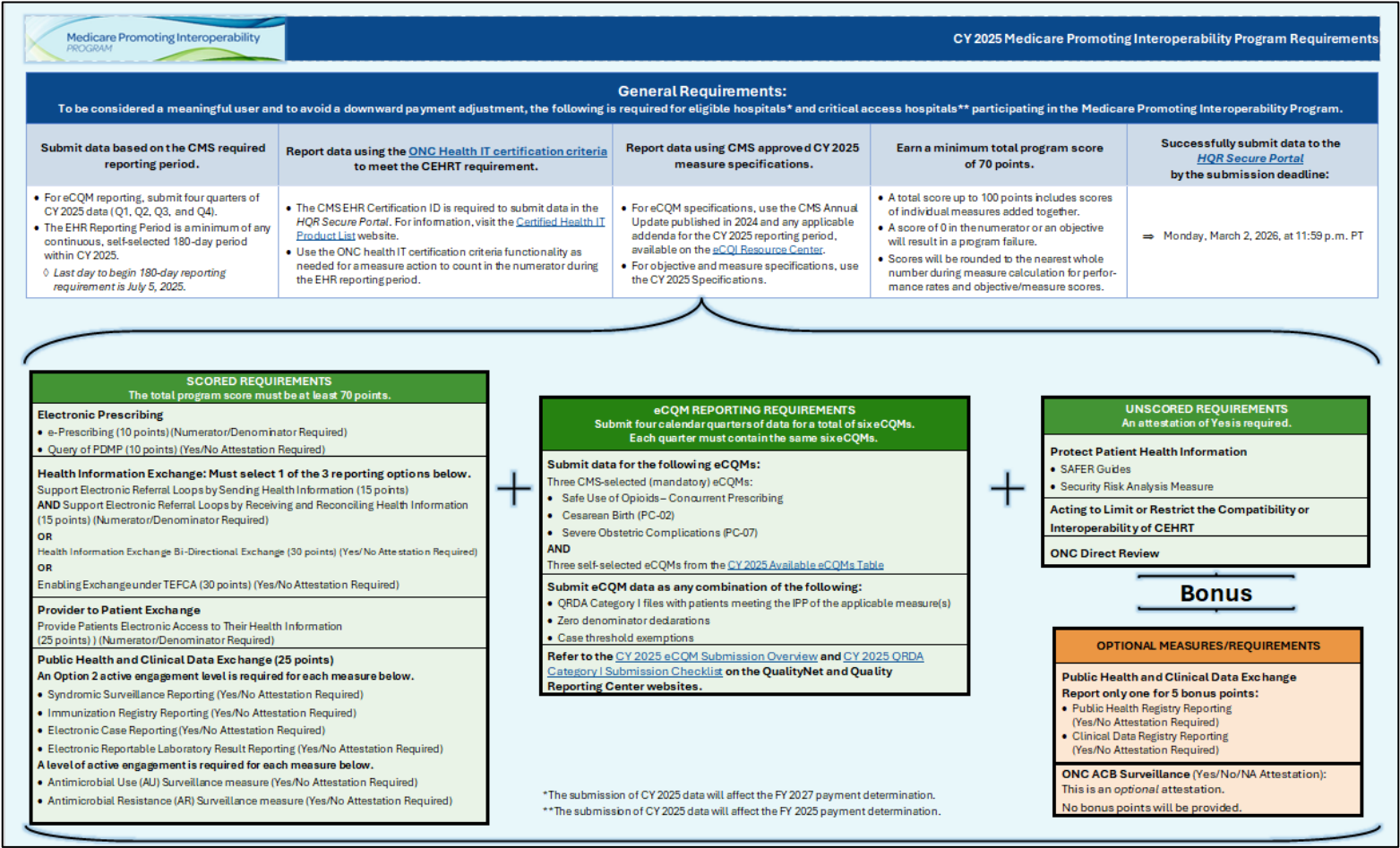
- Hospital Harm – Pressure Injury (HH-PI)
- Hospital Harm – Acute Kidney Injury (HH-AKI)
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults (Facility IQR) (IP-ExRad)

*There are two levels of active engagement: Option 1 (Pre-Production and Validation) and Option 2 (Validated Data Production).

CY 2025 PROGRAM REQUIREMENTS INFOGRAPHIC

Direct Link:

https://www.qualityreportingcenter.com/globalassets/2025/01/iqr/pi_infographic_cy-2025-requirements_jan2025_vfinal_508.pdf



Acronyms



CY 2025 GENERAL REQUIREMENTS

General Requirements

EHR Reporting Period	January 1, 2025–December 31, 2025 Note: EHR Reporting Period is a minimum of any continuous, self-selected 180-day period within CY 2025.
Annual Data Submission Deadline	Monday, March 2, 2026, at 11:59 p.m. Pacific Time
CEHRT Requirement	Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) Health Information Technology (IT) certification criteria
Minimum Total Program Score	70 points
Measure Specifications	<p>CY 2025 measure specifications</p> <ul style="list-style-type: none">• For eCQM specifications, use the CMS Annual Update published in 2024 and any applicable addenda for the CY 2025 reporting period, available on the eCQI Resource Center.• For objective and measure specifications, use the CY 2025 Specifications Manual.

Acronyms



CY 2025 SCORED OBJECTIVES AND MEASURES

Scored Objectives and Measure(s)

Objective	Measure(s)
Electronic Prescribing	E-Prescribing Query of Prescription Drug Monitoring Program (PDMP)
Health Information Exchange (Select 1 of 3 reporting options.)	Option 1: Support Electronic Referral Loops by Sending Health Information <u>and</u> Support Electronic Referral Loops by Receiving and Reconciling Health Information, <u>OR</u> Option 2: Health Information Exchange Bi-Directional Exchange, <u>OR</u> Option 3: Enabling Exchange under Trusted Exchange Framework and Common Agreement™ (TEFCA™)
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information
Public Health and Clinical Data Exchange	Syndromic Surveillance Reporting* Immunization Registry Reporting* Electronic Case Reporting* Electronic Laboratory Reporting* AU Surveillance measure** AR Surveillance measure**

*Must be in active engagement, Option 2. **Must select level of active engagement (Option 1 or 2).

Acronyms



CY 2025 UNSCORED MEASURES AND REQUIREMENTS

Unscored Objective and Measure(s)

Objective	Measure(s)
Protect Patient Health Information	Safety Assurance Factors for EHR Resilience (SAFER) Guides: An attestation of Yes is required. Security Risk Analysis: An attestation of Yes is required.

Unscored Requirements

Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT	An attestation of Yes is required.
ONC Direct Review	An attestation of Yes is required.
eCQMs	Report data for the same six eCQMs for four calendar quarters. -Three self-selected eCQMs from the CY 2025 eCQMs Table AND -Three CMS-selected eCQMs (Safe Use of Opioids-Concurrent Prescribing eCQM, Perinatal Care (PC)-02, PC-07)

Acronyms



CY 2025 OPTIONAL MEASURES AND REQUIREMENTS

Optional Objective and Measure(s)

Objective	Measure(s)
Public Health and Clinical Data Exchange (Report one or both for five bonus points.)	Public Health Registry Reporting Clinical Data Registry Reporting

Optional Requirement

ONC Authorized Certification Body (ACB) Surveillance (No bonus points will be provided.)	An attestation of Yes/No/NA is voluntary.
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CY 2025 SCORING OVERVIEW

To be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs must:

- ☐ Report on all required measures, including eCQMs
- ☐ Earn a minimum total score of 70 points
- ☐ Includes scores of individual measures added together, for a total score up to 105 possible points, including 5 bonus points.
- ☐ Report a minimum of 1 in the numerator or claim an exclusion for a scored measure. A score of 0 in the numerator or an objective will result in a program failure.
- ☐ Report a “Yes” to the following:
 - ☐ Actions to Limit or Restrict the Compatibility or interoperability of CEHRT
 - ☐ ONC Direct Review Attestation
 - ☐ SAFER Guides
 - ☐ Security Risk Analysis Measure

CY 2025 SCORING METHODOLOGY

OBJECTIVES	MEASURES			POSSIBLE POINTS
Electronic Prescribing	e-Prescribing [10 points]		Query of PDMP [10 points]	20
Health Information Exchanges	OPTION 1 (Report on Both)		OPTION 2	30
	Support Electronic Referral Loops by Sending Health Information [15 points]	 Support Electronic Referral Loops and Reconciling Health Information [15 points]	Health Information Exchange Bi-Directional Exchange [30 points]	
			Enabling Exchange under TEFCA [30 points]	
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information [25 points]			25
Public Health and Clinical Data Exchange	Report on the following [25 points]: <ul style="list-style-type: none">• Syndromic Surveillance Reporting• Immunization Registry Reporting• Electronic Case Reporting• Electronic Laboratory Reporting• Antimicrobial Use Surveillance Reporting• Antimicrobial Resistance Surveillance Reporting		BONUS	25 [+5 bonus points]
			Report only one [5 bonus points]: <ul style="list-style-type: none">1. Public Health Registry Reporting2. Clinical Data Registry Reporting	

Reminder: When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number. A score of 0 in the numerator or an objective will result in a program failure.

**TOTAL
POSSIBLE
POINTS**

105

Acronyms



CY 2025 MEASURE SPECIFICATIONS MANUAL

- New [CMS Specifications Manual for the EHR Period in CY 2025](https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/resource-library) is available at the following link: <https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/resource-library>.
- CMS updates annually using version format including Release Notes.
- The manual includes the following sections:
 - *Introduction*
 - *Using the Manual*
 - *General Reporting Requirements*
 - *General Scoring Information*
 - *Objective and Measure Information*
 - *Technical Specifications and Resources for eCQM Reporting*
 - *Certification Criteria*
 - *Glossary of Terms*
 - *Resources*
 - *Acronyms*

**CMS Specifications Manual for Eligible Hospitals and Critical Access Hospitals
Participating in the Medicare Promoting Interoperability Program**
EHR Reporting Period in CY 2025

CY 2025 ECQM REPORTING REQUIREMENTS

Program(s)	Hospital IQR Program Medicare Promoting Interoperability Program
Reporting Period	January 1, 2025–December 31, 2025
Annual Data Submission Deadline	March 2, 2026, 11:59 p.m. Pacific Time
eCQM Measure Set	15 available eCQMs: (Stroke) STK-2, STK-3, STK-5, Venous Thromboembolism (VTE)-1, VTE-2, PC-02, PC-07, Hospital Harm (HH)-HYPO, HH-HYPER, HH-Opioid Related Adverse Events (ORAE), Global Malnutrition Composite Score (GMCS), IP-ExRad, HH-Acute Kidney Injury (AKI), HH-Pressure Injury (PI), Safe Use of Opioids-Concurrent Prescribing
Total number of eCQMs per quarter	Six eCQMs (three self-selected eCQMs + three CMS-selected eCQMs) The three CMS-selected eCQMs are: 1. Safe Use of Opioids-Concurrent Prescribing 2. PC-02 AND 3. PC-07
Total number of quarters to report per calendar year	Four quarters (Q1, Q2, Q3, and Q4 of 2025) (eCQMs must be the same across quarters.)
CEHRT Requirement	ASTP/ONC Health IT certification criteria

CY 2025 AVAILABLE ECQMS

CMS-Selected Safe Use of Opioids (CMS506v7) Safe Use of Opioids—Concurrent Prescribing*	CMS-Selected PC-02 (CMS334v6) Cesarean Birth*	CMS-Selected PC-07 (CMS1028v3) Severe Obstetric Complications* (This eCQM is a risk-adjusted measure.)
HH-HYPO (CMS816v4) Hospital Harm—Severe Hypoglycemia	HH-HYPER (CMS871v4) Hospital Harm—Severe Hyperglycemia	HH-ORAE (CMS819v3) Hospital Harm—Opioid Related Adverse Events
GMCS (CMS986v4) Global Malnutrition Composite Score	VTE-1 (CMS108v13) Venous Thromboembolism Prophylaxis	VTE-2 (CMS190v13) Intensive Care Unit Venous Thromboembolism Prophylaxis
STK-02 (CMS104v13) Discharged on Antithrombotic Therapy	STK-03 (CMS71v14) Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-05 (CMS72v13) Antithrombotic Therapy By End of Hospital Day 2
IP-ExRad (CMS1074v2) Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults (Facility IQR)	HH-AKI (CMS832v2) Hospital Harm-Acute Kidney Injury (This eCQM is a risk-adjusted measure.)	HH-PI (CMS826v2) Hospital Harm-Pressure Injury

*All hospitals are required to report on these eCQMs during the CY 2025 reporting period. Hospitals are required to successfully submit accepted Quality Reporting Document Architecture (QRDA) Category I files meeting the Initial Patient Population (IPP) for all episodes of care, zero denominator(s), and/or case threshold exemption(s).

Note: CMS will add HH-Falls with Injury and HH-Postoperative Respiratory Failure beginning with the CY 2026 measure set. CMS will use updated GMCS specifications beginning with the CY 2026 measure set.

ECQM REPORTING CERTIFICATION AND SPECIFICATION POLICIES

- Use [ASTP/ONC Health IT certification criteria](#) to meet the CEHRT requirement.
- EHRs are certified to all available eCQMs in the measure set.
- Use 2025 eCQM specifications published in the CMS Annual Update available on the eCQI Resource Center's [Eligible Hospital/CAH eCQMs page](#).
 - Select Period 2025.
 - Filter by eCQMs.
- 2025 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting:
https://ecqi.healthit.gov/qrda?qt-tabs_qrda=versions

SUCCESSFUL ECQM SUBMISSION FOR CY 2025 REPORTING

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report the eCQMs as any combination of the following:
 - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
 - Zero denominator declarations
 - Case threshold exemptions
- In all cases, a hospital is required to use an EHR that is certified to report on all available eCQMs in the measure set.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capture and reporting QRDA Category I files.

Important Tip:

Hospitals that do not have patient-level data meeting the IPP for the mandatory measure(s) must submit a zero denominator declaration for each applicable quarter.

CY 2025 ECQM REPORTING TOOLS AND RESOURCES

QualityNet and Quality Reporting Center	eCQI Resource Center
CY 2025 eCQM Submission Overview	CY 2025 eCQM Resources
CY 2025 Available eCQMs Table	CY 2025 EH/CAH eCQMs
CY 2025 QRDA Category I File Submission Checklist	CMS QRDA I Implementation Guide for HQR
QualityNet eCQM Pages	CMS QRDA I Schematrons and Sample Files
QualityNet Online Resources Page	eCQI Standards and Tools Versions
eCQM Reporting Notifications	eCQM Flows
HQR User Guide	eCQM Implementation Checklist
Extraordinary Circumstances Exceptions Policy and Form (Hospital IQR Program only)	

FREQUENTLY ASKED QUESTIONS

FREQUENTLY ASKED QUESTION #1

Q: How do I claim an exclusion for the Antimicrobial Use (AU) and Antimicrobial Resistance (AR) Surveillance reporting measures?

A: Eligible hospitals and CAHs may begin entering and applying for exclusions for AU and AR Surveillance reporting measures in the HQR System when the CY 2025 attestation and reporting period begins on January 1, 2026. The period runs through March 2, 2026. No documentation needs to be submitted to claim an exclusion.

Any eligible hospital or CAH may be excluded from the measure if the eligible hospital or CAH:

- Does not have any patients in any patient care location for which data are collected by the NHSN during the EHR reporting period;
- Does not have a data source containing the minimal discrete data elements that are required for reporting; or
- Does not have electronic medication administration records (eMAR)/barcoded medication administration (BCMA) records or electronic admission discharge transfer (ADT) system (AU only) or does not have an electronic laboratory information system or ADT system (AR only) during the EHR reporting period.

FREQUENTLY ASKED QUESTION #2

Q: The CDC announced a temporary pause in the onboarding process for the eCR reporting measure. How can we meet measure requirements?

A: In the [CY 2026 PFS proposed rule](#), CMS has proposed to suppress the eCR reporting measure by excluding the measure from scoring for the EHR Reporting Period in CY 2025.

CMS interprets “capable of receiving eCR data in the specific standards required” in exclusion 2 to mean has the ability to advance, and has advanced, an eligible hospital or CAH registered with the PHA to Active Engagement Option 2: Validated Data Production, at the start of the EHR reporting period for eligible hospitals and CAHs to achieve validated data production under the Medicare Promoting Interoperability Program. CMS encourages hospitals to provide feedback/comments during the proposed rule comment period.

For more information on specifications, please review the [CMS Specifications Manual for the EHR Period in CY 2025](#).

FREQUENTLY ASKED QUESTION #3

Q: Can hospitals use the updated 2025 SAFER Guides to meet CY 2025 program requirements?

A: The updated 2025 SAFER Guides are for review only at this time. Eligible hospitals and CAHs must continue to use the 2016 SAFER Guides in order to meet program requirements for CY 2025.

In the [FY 2026 IPPS/LTCH PPS final rule](#), CMS finalized to modify the SAFER Guides measure by requiring eligible hospitals and CAHs to attest “yes” to completing an annual self-assessment using all eight 2025 SAFER Guides to be considered a meaningful EHR user, beginning with the EHR reporting period in CY 2026.

ADDITIONAL RESOURCES

QUALITY REPORTING CENTER

Visit the new Medicare Promoting Interoperability Program pages available on the Quality Reporting Center website:

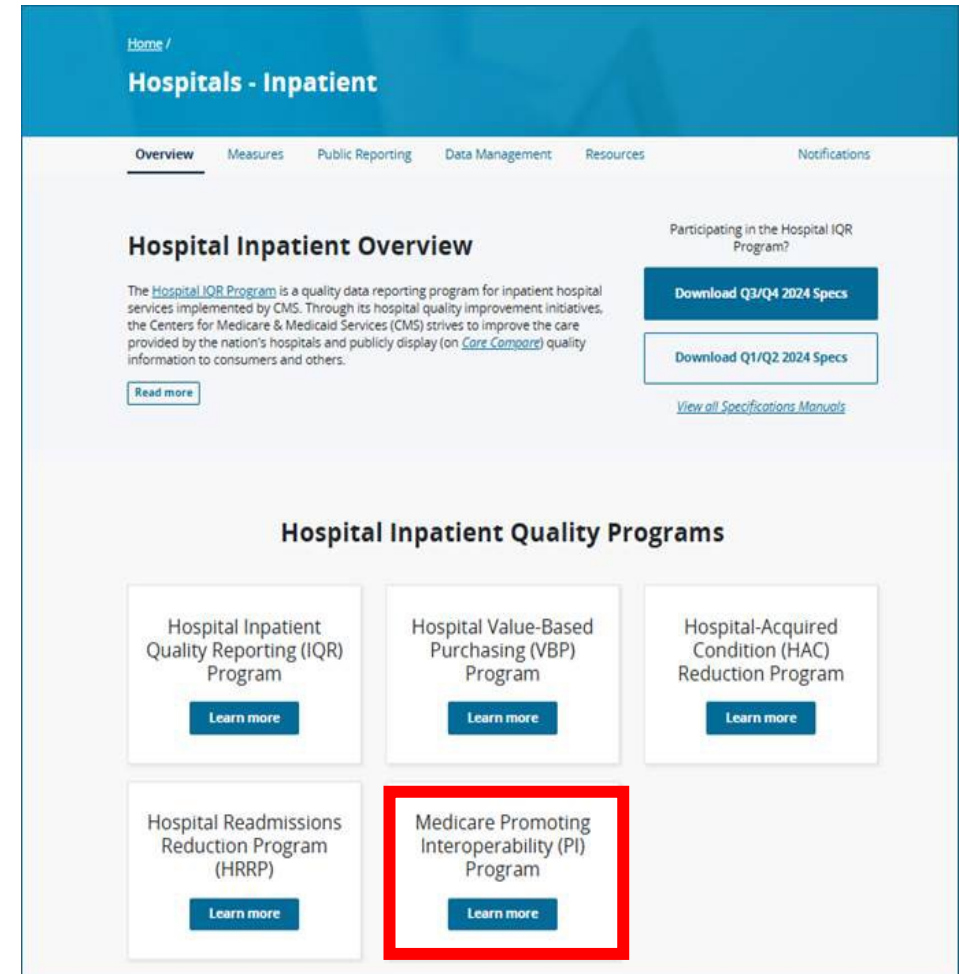
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/pi/resources-and-tools/>

- ✓ Webinar events
- ✓ Tools and Resources
- ✓ Notifications
- ✓ Support Contacts

The screenshot displays the Quality Reporting Center website interface. At the top, there is a navigation bar with the following tabs: "Events Calendar", "Inpatient", "Outpatient", "ASC", "Medicare PI" (highlighted with a red box), and "Events on Demand". Below the navigation bar, the "Medicare Promoting Interoperability Program" page is shown. On the left side of the page, there is a sidebar menu with the following items: "Quality Reporting Center", "Event Calendar", "Inpatient", "Medicare Promoting Interoperability Program" (highlighted with a red box), "Medicare Promoting Interoperability Notifications", "Tools and Resources", "Hospital Inpatient Quality Reporting (IQR) Program", "Electronic Clinical Quality Measure (eCQM) Reporting", "PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program", "Inpatient Psychiatric Facilities Quality Reporting Program", "Video Tutorials", and "Hospital Value-Based Purchasing (VBP) Program". The main content area of the page is titled "Medicare Promoting Interoperability Program" and contains the following text: "As the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Contractor, HSAG supports activities under the Medicare Promoting Interoperability Program, including providing technical support and feedback to assist hospitals with demonstrating meaningful use of certified electronic health record technology (CEHRT). On this website, you will find numerous resources to enhance your knowledge of the program and reporting requirements, such as:" followed by a bulleted list of resources: "Educational presentations", "Reference and training materials", "Tools for data collection and submission", "Timelines", and "Deadlines". Below the list, there is a paragraph stating: "In 2011, the Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage eligible clinicians, eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of CEHRT." Another paragraph follows: "The program is currently known as the Medicare Promoting Interoperability Program for eligible hospitals and CAHs. The hospital quality of care information gathered through the program is available to consumers on the [Care Compare](#) website." The final paragraph states: "We are committed to offering quality service in a timely and effective manner. So that we may better serve you, please email any comments, suggestions, or concerns to the [QualityNet Question and Answer Tool](#) at https://cmsqualitysupport.servicenow.com/qnet_qa?cid=ask_a_question, or call us toll-free at 844-472-4477 from 8 a.m. to 8 p.m. ET."

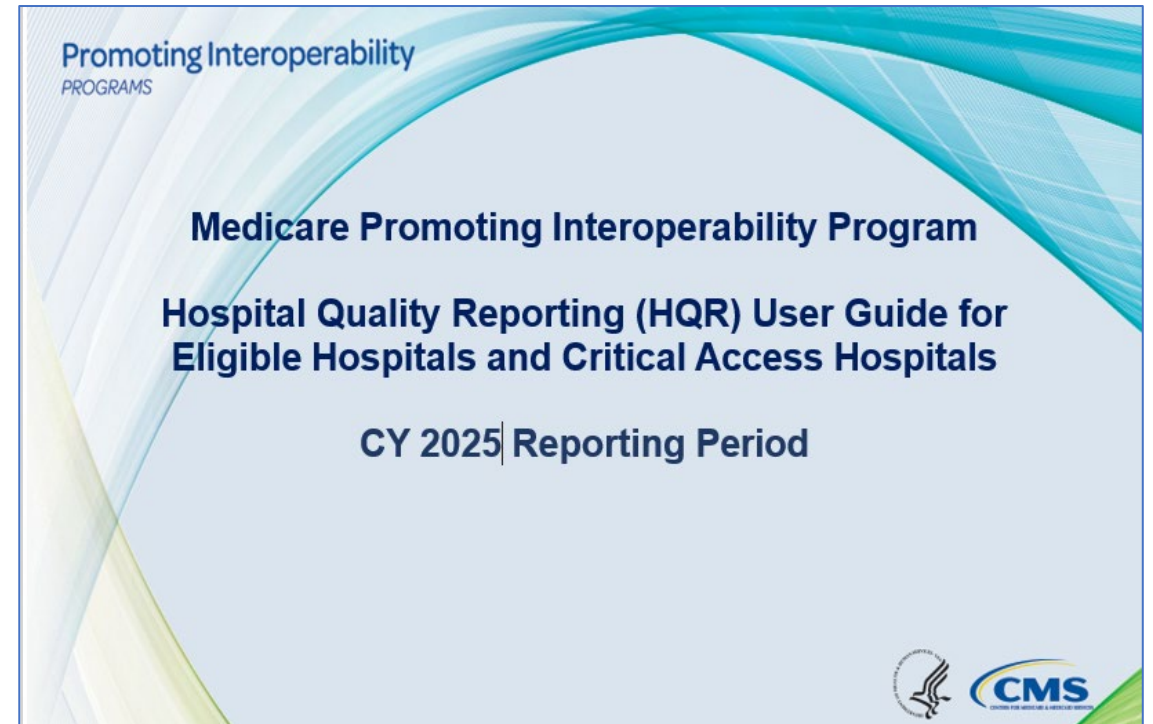
QUALITYNET PAGES COMING SOON!

- CMS will transition program information to QualityNet from CMS.gov.
- The new Medicare Promoting Interoperability Program pages on QualityNet will include the following:
 - ✓ Overview
 - ✓ Measures/Requirements
 - ✓ Participation
 - ✓ Resources
 - ✓ Webinars
 - ✓ Notifications



CY 2025 HQR USER GUIDE

- Provides the necessary tools to register, log in, and navigate within the HQR System
- Shows steps to submit web-based measure and eCQM data
- Updated annually



CEHRT RESOURCES

- To learn more about the ASTP/ONC certification criteria, please review [ONC's 21st Century Cures Act Final Rule](#) and the [ASTP/ONC Certification Criteria webpage](#).
- To check whether a health IT product has been updated to the ONC Health IT Certification Criteria, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- For additional help on how to search for certified products and create a CMS EHR Certification ID, access the [CHPL Public User Guide](#).

ASK A QUESTION

- ❑ Visit the QualityNet website:
<https://qualitynet.cms.gov/>
- ❑ Select Help at the top right-side of the landing page.
- ❑ Click on Ask a Question under the Questions and Answer Tools header.
- ❑ Complete required fields with a red asterisk.
- ❑ Click the Submit Question button.

The screenshot shows the 'Ask a Question' form on the QualityNet website. The form is divided into two main sections: 'Tell us about yourself.' and 'Question Details'. The 'Tell us about yourself.' section includes fields for First Name, Last Name, Email Address, Confirm Email Address, Phone Number, and Extension. The 'Question Details' section includes a Program dropdown menu (set to 'PI - Promoting Interoperability'), a Topic dropdown menu (with a tooltip showing a list of topics: Attestation, CQMs, Objectives, and Registration), a Subject field, and a large text area for the question description. A blue box highlights the Topic dropdown menu, and a tooltip is shown next to it, indicating the available topics.

Tell us about yourself.

First Name*

Last Name*

Email Address*

Confirm Email Address*

Phone Number

Extension

Question Details

Program*

Topic*

Subject*

Please describe your question*

Select a topic

- PI - Promoting Interoperability
 - Attestation
 - CQMs
 - Objectives
 - Registration

OK

KNOWLEDGE-BASED ARTICLE SEARCH

- ❑ Visit the QualityNet website:
<https://qualitynet.cms.gov/>
- ❑ Select Help at the top right-side of the landing page.
- ❑ Click on Hospitals-Inpatient under the Questions and Answer Tools header.
- ❑ Click on PI-Promoting Interoperability under the Browse Program Articles header.
- ❑ Choose a Category or Most Viewed Articles.
- ❑ Review the disclaimer and click Continue to view responses.

The screenshot displays the CMS.gov QualityNet interface. At the top, the navigation bar includes 'Quality Q&A Tool', 'Ask a Question', 'Browse Program Articles' (with a dropdown arrow), and 'My Questions'. Below this, a breadcrumb trail shows 'Home' followed by 'All Program Knowledge Bases' and 'PI - Promoting Interoperability'. The main content area is divided into two columns. The left column, titled 'Program Knowledge Bases', features a dropdown menu currently set to 'PI - Promoting Interoperability'. Below this is a 'Categories' section with three items: 'Other' (2 articles), 'PI Program Hardships, Reconsiderations' (2 articles), and 'PI Program Policy & Requirements' (9 articles). The right column, titled 'Most Viewed Articles', lists five articles, each with an eye icon: 'Participation Requirements for PI Program', 'Can a facility be excluded from reporting the AUR measure?', 'When do we have to start reporting the new AUR Surveillance Measure', 'Payment Adjustment for Critical Access Hospitals (CAH)', and 'Hardship Exemption for Electronic Prescribing for Federal Hospitals'.

SIGN UP FOR IMPORTANT CMS UPDATES

- Visit QualityNet and sign up for the [EHR Notify Listserve](#).
- Listserve notifications for the Medicare Promoting Interoperability Program moved from CMS.gov to QualityNet.
- The existing EHR Notify Listserve has been updated and combines eCQM and Medicare Promoting Interoperability Program notifications.

Sign Up for Email Updates

Step 1: Enter your name and email address

Step 2: Select the lists you would like to join (at least one must be selected).

Step 3: Click the "Sign Up" button. You will receive an email requesting your confirmation for each subscription submission, and private lists will require approval from the list administrator prior to confirmation.

All fields marked with an asterisk (*) are required.

User Information

Name * Email *

Mailing Lists

[Public Lists](#) [Private Lists](#)

Enter the required fields, select one or more mailing lists and the click the "Sign Up" button to subscribe for a list.

▼ Quality Reporting

☐ **EHR Notify: EHR (Electronic Health Record) and Medicare Promoting Interoperability (PI)/eCQM Notification**
News, information, announcements, and educational offerings/events regarding eCQM reporting and the Medicare Promoting Interoperability (PI) Programs.

CONTACTS

Topic	Contact	Phone	Link/Email
HQR System (user roles, reports, data upload, and troubleshooting file errors)	Center for Clinical Standards and Quality Service Center	(866) 288-8912	QNetSupport@cms.hhs.gov
eCQM specifications, measure logic, standards, and tools	ONC JIRA eCQM Issue Tracker		https://oncprojecttracking.healthit.gov/support/ projects/QRDA/summary
QRDA reporting, development, and implementation	ONC JIRA QRDA Issue Tracker		https://oncprojecttracking.healthit.gov/support/ projects/QRDA/summary
Medicare Promoting Interoperability Program and Hardship Exception Process	Inpatient and Outpatient Healthcare Quality Systems Development and Program Support	(844) 472-4477	https://cmsqualitysupport.servicenowservices.com/ qnet_qa
Hospital IQR Program and Extraordinary Circumstances Exceptions process	Inpatient and Outpatient Healthcare Quality Systems Development and Program Support	(844) 472-4477	https://cmsqualitysupport.servicenowservices.com/ qnet_qa

DISCLAIMER

This presentation was current at the time of publication and/or uploading onto the Quality Reporting Center and the Hospital Quality Reporting (HQR) websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. If Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will be an archived copy, it will not be updated.

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No material contained therein is intended to take the place of either written laws or regulations. If there is any conflict between the information provided by the presentation and information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.