



Medicare Promoting Interoperability Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

CY 2025

Medicare Promoting Interoperability Program Reporting Presentation Transcript

Speakers

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Alexandra Arndt: Good afternoon. Welcome to the *CY 2025 Medicare Promoting Interoperability Program Requirements* webinar.

Let's introduce today's speakers. I'm joined by Veronica Dunlap, Program Lead for the Medicare Promoting Interoperability Program/eCQM Reporting with Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. I'm Alexandra Arndt, Project Manager with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team.

As you listen to the webinar, we encourage you to email questions related to the webinar directly to WebinarQuestions@hsag.com. Please make sure to include the title of the webinar and slide number as well. If you have additional questions not related to the webinar, we also ask that you submit them directly to the [QualityNet Question and Answer Tool](#). You can use the link on this slide.

This event will provide insight into the calendar year 2025 Medicare Promoting Interoperability Program requirements, as well as a review on the available resources for the reporting period.

At the conclusion of today's event, participants will be able to identify the annual requirements for the calendar year 2025 Medicare Promoting Interoperability Program, be familiar with program requirement changes for the calendar year 2025 reporting period and be able to locate resources that are available for the program, including eCQM reporting resources.

Here is a list of the acronyms that we will use throughout the presentation.

In the first part of today's presentation, I will be covering some general reporting information for the calendar year 2025 reporting period.

The measurement period for the Medicare Promoting Interoperability Program began on January 1, 2025, and will go through December 31, 2025. The reporting period for eCQMs will begin in the fall of 2025. Attestations and web-based measure data can be submitted beginning on January 1, 2026.

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The deadline for all submissions, including eQCMs, is March 2, 2026, at 11:59 p.m. Pacific Time. This reporting year will affect fiscal year 2027 for eligible hospitals and fiscal year 2025 for critical access hospitals. Hospitals that are unable to meet program requirements may need to determine if they qualify for a Hardship Exception. This application period will open May 1, 2026.

Eligible hospitals and CAHs must successfully demonstrate meaningful use every year to avoid a downward payment adjustment. Eligible hospitals and CAHs must fulfill all the required measures and earn a score of at least 70 points. The payment adjustment for eligible hospitals is a reduction of the market basket update. For CAHs, they would receive 100% of their reasonable costs instead of 101% for that year.

Eligible hospitals and CAHs that are unable to demonstrate meaningful use have the opportunity to apply for a Hardship Exception. To be considered for an exception, eligible hospitals and CAHs must complete and submit a Hardship Exception application. 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.

Veronica Dunlap: Thank you, Alex. Hello, everyone, my name is Veronica Dunlap. I would like to take some time to review the calendar year 2025 program requirements in preparation for the upcoming March 2, 2026, submission deadline. Let's review the key changes for the 2025 program year.

Under the Public Health & Clinical Data Exchange objective, there are six measures. The Antimicrobial Use and Resistance Surveillance measure has been separated into two new measures: the Antibiotic Use, or AU, Surveillance measure and the Antibiotic Resistance, or AR, Surveillance measure. There have been additional exclusions that Alex will discuss later in the presentation for these measures.

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The eligible hospital or critical access hospital must claim an exclusion, or be in active engagement, Option 1 or 2, with CDC's National Health Safety Network, and successfully submit data for the selected 180-day EHR reporting period. A prior level of active engagement for the AUR Surveillance measure will not carry over from calendar year 2024. It is important to note that eligible hospitals and CAHs may spend only one EHR reporting period at Option 1, the Pre-production and Validation Level of active engagement. They must progress to Option 2, Validated Data Production Level in the next EHR reporting period. So, for the remaining four measures listed under this objective, hospitals must select Option 2 or claim an exclusion for calendar year 2025. Also for 2025, CMS has increased the performance-based minimum scoring threshold from 60 points to 70 points. Lastly, for eCQM reporting, there are three newly added eCQMs to the measure set for hospitals to self-select. They include the Hospital Harm–Pressure Injury eCQM; Hospital Harm–Acute Kidney Injury eCQM, which is a risk-adjusted eCQM; and the Inpatient Excessive Radiation Dose eCQM.

For our visual learners, we have summarized the calendar year 2025 program requirements into an infographic which was designed to present information quickly and clearly. Starting at the top in blue, a list of general requirements, including the minimum total program score, the reporting periods, and data submission deadlines are provided. The green boxes summarize the scored, unscored, and eCQM reporting requirements. Bonus or optional measures are located in the orange box on the far right. Users can access the infographic through the direct link provided here on the slide.

The next few slides contain the same information as represented in the infographic. Let's take a closer look at each of the program requirements. The EHR reporting period is a minimum of any continuous 180-day period occurring between January 1, 2025, through December 31, 2025. The last day to begin the EHR reporting period was July 5. All program data, including eCQM data submissions, are due Monday, March 2 at 11:59 p.m. Pacific Time.

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Once the data submission deadline has passed, hospitals will not be allowed to edit and/or delete their data that has been submitted to production within the HQR system. CMS requires the use of certified EHR technology as specified per ONC's regulations. These are located in the Health Information Technology–1 final rule. ONC recently finalized their proposals to move away from a yearly “edition” construct for certification criteria. Instead, all certification criteria will be “edition-less.” Effective September 1, the CMS EHR Certification ID, or CEHRT number, must contain 15 digits and begin with “2025C”. The minimum total program score is 70 points to meet program requirements. There is an important tip I would like to mention: A score of 0 in the numerator or in any objective will result in a program failure. Scores will be rounded to the nearest whole number during measure calculation for performance rates. Each year, CMS finalizes and updates the measure specifications to align with current clinical guidelines, so they remain relevant and actionable within the clinical setting. For calendar year 2025 eCQM specifications, use CMS's annual update published in 2024. It is located on the eCQI Resource Center. The objective and measure specifications are available in the new Calendar Year 2025 Specifications Manual, which I will discuss in a little bit.

The Medicare Promoting Interoperability Program includes scored and unscored measures and objectives, unscored requirements (for example, attestations and eCQM reporting), measure exclusions, and optional bonus measures. There are a total of five objectives, four scored and one not scored, for the Medicare Promoting Interoperability Program. Presented on this slide, the four scored objectives and required measures are listed. For the Health Information Exchange objective, hospitals may select one of three reporting options as presented on the slide. As previously mentioned under this objective, the AUR Surveillance measure has been separated into two new different measures, whereas the level of active engagement may be in Option 1 or Option 2. The other four measures related to this objective must be in Option 2.

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The measures pertaining to the Protect Patient Health Information objective are not scored; however, hospitals must answer Yes to both the SAFER Guides and Security Risk Analysis measures in order to meet program requirements. There are additional attestation requirements for eligible hospitals and CAHs, such as the first one there, answering Yes that they have not knowingly and willfully taken actions to limit or restrict the compatibility or interoperability of their certified EHR technology and agreeing to cooperate with the ONC's direct review process for reviewing certified health IT and its developers. For eCQM reporting, eligible hospitals and CAHs are no longer allowed to attest to eCQMs. They must successfully submit QRDA Category I files that meet the Initial Patient Population, or IPP, or they may submit a denominator declaration. Either way they must submit the same six eCQMs for each of the four calendar quarters. The three mandatory eCQMs, or the measures that CMS has selected, are the same as last year. These include the Safe Use of Opioid-Concurrent Prescribing eCQM, PC-02, and PC-07. Users can access the Calendar Year 2025 Available eCQM Table to self-select three additional eCQMs as required.

The last breakdown of requirements includes the optional attestation of saying Yes that data are submitted to any Public Health and/or Clinical Data Registries to earn an additional five bonus points. Reporting more than one bonus measure in this category for this objective will not earn the eligible hospital or CAH any additional bonus points. Next, although no bonus points will be provided for the ONC Authorized Certification Body Surveillance measure requirement, this attestation is optional.

All eligible hospitals paid under the Inpatient Prospective Payment System and critical access hospitals that do not participate or do not successfully meet all of the program requirements are subject to a downward payment adjustment. To be considered a meaningful user, hospitals must report on all required measures, including eCQMs, earn a minimum score of 70 points out of 105 possible points, report a minimum of 1 in the numerator or claim an exclusion for a scored measure, and lastly attest Yes to the four attestation statements listed on the slide.

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Please keep in mind that a 0 in the numerator or a 0 for any objective will result in a program failure.

Let's review the performance-based scoring methodology for calendar year 2025 reporting. Each of the four scored objectives contain a breakdown of the possible points per measure which are added together and totaled in the far-right column, for a total score up to 105 possible points. When calculating performance rates and measure and objective scores, scores will be rounded to the nearest whole number. CMS allows for the redistribution of points when an exclusion is claimed for specific measures. For example, if an exclusion is claimed for any of the six required measures under the Public Health and Clinical Data Exchange objective, those 25 points would be redistributed to the Provide Patients Electronic Access to their Health Information measure. For a complete list of the exclusion redistributions, please refer to the Calendar Year 2025 Specifications Manual.

Speaking of the new 2025 measure specifications manual, new to the Medicare Promoting Interoperability Program for this year, is the manual that was developed by CMS to provide information regarding measure specifications and data collection guidelines for eligible hospitals and critical access hospitals. It is currently posted on [cms.gov](https://www.cms.gov). I would like to take a moment to review the sections that the manual contains. The manual is divided into sections that are interrelated and are most useful when considered together. It begins with an introduction about the program, as well as an explanation on how to use the manual. The manual will be updated annually for a specific data collection time period, based on the calendar year EHR reporting period, with a version number and effective collection date. The next section contains important information about the general reporting requirements necessary to successfully meet program requirements and provides guidance on how to report these data. Reporting requirements that are specific to an individual measure are listed on the individual measure specifications sheet contained in the manual.

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The general scoring section discusses scored and unscored measures and provides information about calculating performance rates using a performance-based scoring methodology. The next section, the Objective and Measure Information section, provides information on each individual measure similar to what was previously referred to as a specifications sheet. Also, an overview of resources and specs to report eCQM data is available in the Technical Specifications [and Resources for eCQM Reporting] section. There is also a certification criteria section for EHR technology. Lastly, a glossary, resource, and acronym list have all been included. It is important to acknowledge that the information contained in the manual is current as of the publication date and is not a substitute for official regulations or laws. Users should always refer to the official rules and regs published by CMS in rulemaking.

This slide summarizes the calendar year 2025 eCQM reporting requirements that are applicable to the Medicare Promoting Interoperability Program and Hospital IQR Program. Please note that meeting the eCQM reporting requirement satisfies the requirement for both programs. The reporting period includes discharge data from January 1, 2025, through December 31, 2025, with the submission deadline of March 2, 2026, at 11:59 p.m. Pacific Time. That submission deadline has been extended to March 2, due to the normal submission deadline falling on a weekend. The total number of required and mandatory eCQMs have not changed from the previous year. Each quarter must contain the same three self-selected eCQMs, as well as the three mandatory eCQMs. Again, those are the Safe Use of Opioids, PC-02, and PC-07.

There are 15 available eCQMs in the 2025 measure set. The three mandatory eCQMs I just mentioned are denoted in red at the top of the table, and hospitals must select three additional eCQMs from this table. For this year, we do have two risk-adjusted eCQMs. They are the Severe Obstetric Complications eCQM, or PC-07, and the Hospital Harm–Acute Kidney Injury eCQM.

Eligible hospitals and CAHs must report their data using certified EHR technology and ensure their EHR is certified to all available eCQMs.

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Measure data submitted requires using the 2025 eCQM specifications, including the 2025 CMS QRDA [Category] I Implementation Guide, Schematron, and sample files that are all available and posted to the [eCQI Resource Center](#). Users may select these resources under eCQMs for Inpatient and then select period 2025.

The definition of successful submission for eCQMs has not changed, and it is defined as a combination of accepted QRDA Category I files meeting the initial patient population, zero denominator declarations, and/or case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold for a particular measure, it is important to know that their EHR must still be certified to report the measure. I would like to remind hospitals that do not deliver babies that the definition of successful submission just mentioned still applies. Hospitals must submit a zero-denominator declaration for each of the four quarters for PC-02 and PC-07. As hospitals are transitioning their EHR systems and/or vendors, CMS is continuing to allow hospitals to use abstraction or pull data from noncertified sources into their certified EHR technology to capture and report their QRDA Category I files. As a reminder, the submission of eCQMs does not complete program requirements. Although eCQM reporting is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program, there are other requirements for each individual program that must be met.

A list of eCQM reporting tools and resources have been included here on this slide as you prepare for the upcoming reporting period. Direct links have been provided to those materials that are available for QualityNet, Quality Reporting Center, and the eCQI Resource Center.

Now, let's review some Frequently Asked Questions that may be helpful to you.

Veronica Dunlap: How do I claim an exclusion for the Antimicrobial Use and Antimicrobial Resistance Surveillance reporting measures?

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Alexandra Arndt: Eligible hospitals and CAHs can only apply for an exclusion once the calendar year 2025 attestation and reporting period begins, which will be January 1 through March 2, 2026. This process is done in the HQR system, and you do not need to submit documentation in order to claim an exclusion. Beginning with the EHR reporting period in 2025, eligible hospitals and CAHs may also claim an applicable exclusion for one or both measures separately. Eligible hospitals and CAHs that claim an applicable exclusion for only AU or AR would either need to be in active engagement for the other measure or claim a separate exclusion. For example, if claiming an exclusion for the AR Surveillance measure due to lack of access to discrete data elements, the eligible hospital or CAH must be in active engagement for the AU Surveillance measure or claim an applicable exclusion specific to the AU measure. An eligible hospital or CAH may qualify for an exclusion from this measure if it does not have any eligible patients, does not maintain a data source containing the minimum required elements, or does not possess the specified electronic systems. For AU, this includes the absence of eMAR, BCMA, or an ADT system. For AR, this includes the absence of an electronic laboratory information system or an ADT system.

Veronica Dunlap: Our second frequently asked question: The CDC announced a temporary pause in the onboarding process for the eCR reporting measure. How can we meet measure requirements?

Alexandra Arndt: CMS understands that the CDC's announcement on May 21, 2025, may impact an eligible hospital's or CAH's ability to complete and report on the eCR measure. With the CDC pausing the eCR onboarding process, CMS has proposed in the calendar year 2026 Physician Fee Schedule rule, which was released on July 14, 2025, to remove this measure from scoring for calendar year 2025 reporting. CMS encourages hospitals to provide feedback on this proposal during the comment period, which ends on September 12, 2025. As a reminder, eligible hospitals and CAHs may be able to claim one of the three exclusions under the eCR measure and therefore receive full credit.

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For more information on eCR measure specifications and exclusions, please review the CMS Specifications Manual for the EHR Period in CY 2025. A link to the manual has been provided on the slide.

Veronica Dunlap: Our last frequently asked question: Can hospitals use the updated 2025 SAFER Guides to meet calendar year 2025 program requirements?

Alexandra Arndt: For calendar year 2025 reporting, eligible hospitals and CAHs must use the 2016 SAFER Guides in order to meet program requirements. Starting with calendar year 2026, CMS has recently finalized that eligible hospitals and CAHs will need to complete an annual self-assessment, using all eight of the 2025 guides to be considered a meaningful EHR user.

Let's discuss where you can find additional resources and tools for the program.

Visit the Quality Reporting Center for the latest information on the Medicare Promoting Interoperability Program, including webinars, tools and resources, and program updates.

CMS is transitioning program information from CMS.gov to the QualityNet website. The QualityNet website is a CMS-approved website for hospitals, vendors, and all staff to access the applicable calendar year's reporting tools, materials, email announcements, and policy information. The link for the QualityNet website is [QualityNet.cms.gov](https://qualitynet.cms.gov).

The HQR User Guide is your go-to manual for navigating the HQR system. It will walk you through how to register, log in, and submit your web-based measure and eCQM data. This guide is made available to data submitters prior to the data submission period and is updated annually, so always download the latest version for the correct reporting year.

For more details on CEHRT certification, visit the ONC's 21st Century Cures Act Final Rule page and the Certified Health IT Product List. These tools help confirm your system is properly certified and allow you to generate a CMS EHR Certification ID.

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Please note the recent changes made to the CEHRT ID, beginning with the calendar year 2025 reporting period. The CMS EHR Certification ID must be 15 alphanumeric characters and must start with “2025C”. For additional details, please refer to the 2025 Implementation Guide located on the eCQI Resource Center.

Visit the QualityNet website to submit questions about the Medicare Promoting Interoperability Program. The [QualityNet Q&A Tool](#) is your direct line to CMS-approved guidance. Fill out the form with as much detail as possible and ask questions about program requirements, policy, and the Hardship Exception process.

You can also browse through existing articles using the Knowledge-Based Article Search feature. This allows you to search by topic, view popular articles, and find CMS-approved responses to commonly-asked questions.

Sign up for Listserve notifications to receive news, announcements, and educational events regarding eCQM reporting and the Medicare Promoting Interoperability Program on the QualityNet website. A link to sign up for these notifications is provided to you on the slide. In March 2025, CMS.gov Listserve notifications for the Medicare Promoting Interoperability Program moved to QualityNet. Updates will now be sent through the CMS Mailer System via the EHR Notify Listserve.

Please review the support resources provided to you on this slide. For HQR system-related issues, you may contact the Center for Clinical Standards and Quality Service Center. For questions related to eCQM specifications and measure logic, please submit them to the ONC JIRA QRDA Issue Tracker. To learn more about known technical issues, you may visit the ONC JIRA QRDA Known Issues Tracker. For information related to the Hardship Exception process, please contact the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team.

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You may also contact the support team for questions related to the Hospital IQR Program and the Extraordinary Circumstances Exception process.

That concludes today's event. Thank you for taking the time to listen to the information presented in this webinar. Thank you again. Have a great day!