Medicare Promoting Interoperability Program Listserve

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From: Inpatient and Outpatient Healthcare Quality Systems Development and Program Support
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To: EHR/PI Listserve (Medicare Promoting Interoperability Program Eligible Hospitals and CAHs
Subject: Medicare Promoting Interoperability Program Response to the CDC Temporary Pause in eCR Onboarding

> Medicare Promoting Interoperability PROGRAM

Response to CDC's eCR Onboarding Temporary Pause

Summary:

- The U.S. Centers for Disease Control and Prevention (CDC) has announced a temporary pause in onboarding new Healthcare Organizations (HCO).
- CMS is announcing its intent to propose a response to this announcement in the calendar year (CY) 2026 Physician Fee Schedule (PFS) proposed rule.
- Availability and utilization of Electronic Case Reporting (eCR) measure exclusions.

Please refer to the <u>CY 2025 Measure Specification Manual</u> for additional measure-specific information.

We understand that the CDC's announcement may impact an eligible hospital or critical access hospital's (CAHs) ability to complete and report on the eCR measure under the Medicare Promoting Interoperability Program. Eligible hospitals and CAHs are required to report on the eCR measure to earn a score for the Public Health and Clinical Data Exchange objective or claim an applicable exclusion to avoid a downward payment adjustment.

For more information about the eCR measure's specifications and scoring we refer you to Tables IX.F.-01, IX.F.-03, and IX.F.-04 in the <u>fiscal year (FY) 2025</u> Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule (pages 69605–69620). As finalized in the <u>FY 2023 IPPS/LTCH PPS final rule</u> (pages 49340–49342), beginning with the electronic health record (EHR) reporting period in CY 2024, eligible hospitals and CAHs may spend only one reporting period at the Preproduction and Validation (Option 1) level of active engagement for the eCR measure. Then, they must progress to Validated Data Production (Option 2) level in the next reporting period with their chosen Public Health Agency (PHA) for which they report the eCR measure or claim an applicable exclusion.

In the FY 2023 IPPS/LTCH PPS final rule, we also finalized a definition for the Validated Data Production (Option 2) level of active engagement, meaning that the eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data for the eCR measure to the PHA or clinical data registry (CDR).

Recently, the CDC announced a temporary pause in onboarding new HCOs (which includes eligible hospitals and CAHs) to establish a sustainable long-term path for broadscale adoption and integration of healthcare and eCR data. Over the next couple of months, CDC will be focusing on enhancing the integration and use of eCR data by PHAs and evaluating the onboarding process for HCOs. This action likely will result in significant delays in onboarding new HCOs, the ability to progress from Option 1 to Option 2, and the ability to report Yes to the measure through annual reporting.

CMS intends to address the CDC's announcement, and its impact on eligible hospitals and CAHs completing and reporting on the eCR measure in the CY 2026 PFS proposed rule. The CY 2026 PFS proposed rule will be published in the summer of 2025, and we welcome feedback and public comment on any proposals that address the CDC's onboarding activities. A listserv announcement will be sent when the proposed rule is published, and the public comment period opens.

Reminder that eligible hospitals and CAHs may be able to claim one of the three exclusions under the eCR measure and therefore receive full credit. Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from reporting on the eCR measure if:

(1) Does not treat or diagnose any reportable diseases for which data are collected by its jurisdiction's reportable disease system during the EHR reporting period.

(2) Operates in a jurisdiction for which no PHA is capable of receiving eCR data in the specific standards required to meet the certified EHR technology (CEHRT) definition at the start of the EHR reporting period; or

(3) Operates in a jurisdiction where no PHA has declared readiness to receive eCR data as of six months prior to the start of the EHR reporting period.

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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 Promoting Interoperability Program.

The MIPS Promoting Interoperability Performance Category announcement is available here: <u>https://qpp-cm-prod-</u> <u>content.s3.amazonaws.com/uploads/3268/2025-MIPS-Promoting-</u> Interoperability-CDC-Pause-In-eCR-Onboarding.pdf.

Please do not respond directly to this email. Please direct questions regarding CDC's efforts to optimize eCR to the eCR mailbox at <u>ecr@cdc.gov</u> with the subject line "eCR Optimization."

Centers for Medicare & Medicaid Services