

**General Requirements:**

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

| Submit data based on the CMS required reporting period.  | Report data using the <a href="#">ONC Health IT certification criteria</a> to meet the CEHRT requirement.   | Report data using CMS approved CY 2024 measure specifications.  | Earn a minimum total program score of 60 points.   | Successfully submit data to the <a href="#">HQR Secure Portal</a> by the submission deadline: |
|--|---|---|--|---|
| <ul style="list-style-type: none"> <li>For eCQM reporting, submit four quarters of CY 2024 data (Q1, Q2, Q3, and Q4).</li> <li>The EHR Reporting Period is a minimum of any continuous, self-selected 180-day period within CY 2024.</li> <li>◇ Last day to begin 180-day reporting requirement was July 5, 2024.</li> </ul> | <ul style="list-style-type: none"> <li>The CMS EHR Certification ID is required to submit data in the <a href="#">HQR Secure Portal</a>. For information, visit the <a href="#">Certified Health IT Product List</a> website.</li> <li>The ONC health IT certification criteria functionality must be used as needed for a measure action to count in the numerator during the EHR reporting period.</li> </ul> | <ul style="list-style-type: none"> <li>For eCQM specifications, use the CMS Annual Update published in 2023 and any applicable addenda for the CY 2024 reporting period, available on the <a href="#">eCQI Resource Center</a>.</li> <li>For objective and measure specifications, use the <a href="#">CY 2024 specification sheets</a>.</li> </ul> | <ul style="list-style-type: none"> <li>A total score up to 100 points includes scores of individual measures added together.</li> <li>A score of zero in the numerator or an objective will result in a program failure.</li> <li>Scores will be rounded to the nearest whole number during measure calculation for performance rates and objective/measure scores.</li> </ul> | <p>⇒ Friday, March 14, 2025, at 11:59 p.m. PT (Deadline extended from February 28, 2025)</p>  |

**SCORED REQUIREMENTS**

The total program score must be at least 60 points.

**Electronic Prescribing**

- e-Prescribing (10 points) (Num/Den Required)
- Query of PDMP (10 points) (Yes/No Attestation Required)

**Health Information Exchange: 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) (Num/Den Required)  
**OR**  
 Health Information Exchange 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) ) (Num/Den Required)

**Public Health and Clinical Data Exchange (25 points)**

**A level of active engagement is required for each measure below.**

- Syndromic Surveillance Reporting (Yes/No Attestation Required)
- Immunization Registry Reporting (Yes/No Attestation Required)
- Electronic Case Reporting (Yes/No Attestation Required)
- Electronic Reportable Laboratory Result Reporting (Yes/No Attestation Required)
- AUR Surveillance measure (Yes/No Attestation Required)

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**eCQM REPORTING REQUIREMENTS**

Submit four calendar quarters of data for a total of six eCQMs. Each quarter must contain the same six eCQMs.

**Submit data for the following eCQMs:**

Three CMS-selected (mandatory) eCQMs:

- Safe Use of Opioids – Concurrent Prescribing
- Cesarean Birth (PC-02)
- Severe Obstetric Complications (PC-07)

**AND**

Three self-selected eCQMs from the [CY 2024 Available eCQMs Table](#)

**Submit eCQM data as any combination of the following:**

- QRDA Category I files with patients meeting the IPP of the applicable measure(s)
- Zero denominator declarations
- Case threshold exemptions

**Refer to the [CY 2024 eCQM Submission Overview](#) & [CY 2024 QRDA Category I Submission Checklist](#) on the QualityNet and Quality Reporting Center websites.**

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**UNSCORED REQUIREMENTS**

An attestation of Yes is required.

**Protect Patient Health Information**

- SAFER Guides
- Security Risk Analysis Measure

**Acting to Limit or Restrict the Compatibility or Interoperability of CEHRT**

**ONC Direct Review**

**Bonus**

**OPTIONAL MEASURES/REQUIREMENTS**

**Public Health and Clinical Data Exchange Report only one for 5 bonus points:**

- Public Health Registry Reporting (Yes/No Attestation Required)
- Clinical Data Registry Reporting (Yes/No Attestation Required)

**ONC ACB Surveillance (Yes/No/NA Attestation):**  
 This is an *optional* attestation. No bonus points will be provided.

\*The submission of CY 2024 data will affect the FY 2026 payment determination.

\*\*The submission of CY2024 data will affect the FY 2024 payment determination.

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