CMS Specifications Manual for Eligible Hospitals and Critical Access Hospitals Participating in the Medicare Promoting Interoperability Program

Electronic Health Record Reporting Period in Calendar Year 2025

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Introduction

Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

In 2011, the Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage eligible hospitals and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).

To continue with our commitment to promote and prioritize interoperability and the exchange of health information, CMS renamed the EHR Incentive Programs to the Medicare and Medicaid Promoting Interoperability Programs in April 2018. This change marked a shift in our focus from adopt, implement, and upgrade, to actively using and demonstrating the meaningful use of CEHRT through interoperable health information exchange.

The Medicaid Promoting Interoperability Program ended on December 31, 2021. As such, the program is currently only known as the Medicare Promoting Interoperability Program for eligible hospitals and CAHs. Eligible clinicians participate in the Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category.

All eligible hospitals paid under the Inpatient Prospective Payment System (IPPS) and CAHs are subject to fulfilling requirements under the Medicare Promoting Interoperability Program and must report on all required measures, electronic clinical quality measures (eCQMs), and other requirements to be considered a meaningful user of CEHRT to avoid a downward payment adjustment.

If an eligible hospital does not demonstrate meaningful use, the payment adjustment is applied as a 75 percent reduction to the applicable percentage increase to the IPPS payment rate for one year.

If a CAH does not demonstrate meaningful use, the CAH’s Medicare reimbursement is reduced from 101 percent of its reasonable costs to 100 percent for that year.

Using This Manual

The *CMS Specifications Manual for Eligible Hospitals and Critical Access Hospitals Participating in the Medicare Promoting Interoperability Program* (Specifications Manual) is annually updated for a specific data collection time period (based on the calendar year EHR reporting period) with a version number and effective collection date (for example, Version 1.0, effective for the EHR reporting period in calendar year 2025) associated with that manual. Periodically, it may be necessary to publish an addendum to the manual during a specific data collection time period due to corrections or clarifications. When an addendum to the manual is posted for a specific calendar year EHR reporting period, an alpha character is added following the version number to identify there were corrections or clarifications made to the previous release and this would identify the most up-to-date information.

This portion of the Specifications Manual provides a brief overview of the information contained within each section of the manual. It is intended for use as a quick reference to assist with the reporting of the Medicare Promoting Interoperability Program measures. The sections of this manual are interrelated and are most useful when considered together.

For each version of the manual and any addenda, it is necessary to review the Release Notes document for a detailed description of the changes that were made to the Specifications Manual. Information that is removed from documents is only contained in the Release Notes. Strikethroughs are difficult to read and are not allowed because of the requirements for accommodation for people with disabilities. Information that is added or revised within documents is contained within the Release Notes.

Note: This Specifications Manual was developed by CMS to provide information regarding measure specifications and data collection guidelines for eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program. The information provided is current as of the publication date and is not a substitute for official regulations or laws. Users should refer to the official rules and regulations published by CMS in rulemaking.

Section 1 – General Reporting Requirements

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to submit measure data, including electronic clinical quality measure (eCQM) data, answer attestations, and earn a minimum total score based on CMS' data collection and submission timelines for the current reporting period.

This section contains important information about the general requirements necessary to successfully fulfill the requirements of the Medicare Promoting Interoperability Program. It provides data submitters the necessary guidance on how to report their data as specified under an individual objective, measure, or other requirement.

For reporting requirements that are specific to an individual measure, refer to the individual measure specification section of this manual.

Section 2 – General Scoring Information

The Medicare Promoting Interoperability Program includes scored measures and objectives, unscored measures and objectives, unscored requirements (for example, attestations and eCQM reporting), measure exclusions, and optional bonus measures. This section discusses scored and unscored measures. It provides information about calculating performance rates, measure and objective scores, and includes the performance-based scoring methodology table for the current EHR reporting period.

Section 3 – Objective and Measure Information

This section provides information on each individual measure. Each measure may or may not contain the following information:

- Objective name that the measure falls under
- Measure name
- Measure definition
- Numerator, denominator, and any exclusions that may apply
- Scoring information
- Reporting requirements specific to the measure
- Additional information

Section 4 – Technical Specifications and Resources for eCQM Reporting

This section offers an overview of program resources and measure specifications to report eCQM data; all are available on the eCQI Resource Center.

Section 5 – Certification Criteria

This section provides a list of the corresponding certification criteria for EHR technology established by the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT, that support these measures.

Section 6 – Glossary of Terms

This section provides a comprehensive list of the terms used throughout this manual.

Section 7 – Resources

This section provides a list of helpful resources, including websites and who to contact for assistance.

Section 8 – Acronyms

This section lists the acronyms used in this document.

Section 1: General Reporting Requirements

All Measures:

- Eligible hospitals and CAHs must use technology certified to the Office of the National Coordinator (ONC) Certification Criteria for Health Information Technology (IT) necessary to meet the CEHRT definition (42 CFR 495.4) (for an EHR reporting period.
- The EHR reporting period in calendar year (CY) 2025 and subsequent years is a minimum of any continuous 180-day period within the calendar year.
- For eCQMs only, the reporting period is four calendar quarters of data.
- In some situations, a health IT product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be certified by the last day of the EHR reporting period.

Measures requiring a numerator and denominator:

- CEHRT must be used for an action to count in the numerator during the EHR reporting period.
- Actions included in the numerator must occur within the self-selected EHR reporting period

Measures requiring an attestation:

- A Yes response indicates a positive attestation that the eligible hospital/CAH has successfully met the measure requirements.
- A No response indicates that the eligible hospital/CAH has not fully met the measure requirements.

Health Information Exchange Objective:

In order to meet the Health Information Exchange objective, eligible hospitals and CAHs must meet one of the options below:

- Option 1: Report on both the Support Electronic Referral Loops by Sending Health Information measure AND the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure
- Option 2: Report on the Health Information Exchange (HIE) Bi-Directional Exchange measure
- Option 3: Report on the Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) measure.

Public Health and Clinical Data Exchange Objective:

There are six required measures and two optional (bonus) measures under the Public Health and Clinical Data Exchange Objective.

Required Measures	Bonus Measures
• Immunization Registry Reporting • Syndromic Surveillance Reporting • Electronic Case Reporting (eCR) • Electronic Laboratory Reporting (ELR) • Antimicrobial Use (AU) Surveillance • Antimicrobial Resistance (AR) Surveillance	• Public Health Registry Reporting • Clinical Data Registry Reporting

Eligible hospitals and CAHs must attest that they are in "active engagement" with a public health agency (PHA) or clinical data registry (CDR), where applicable, to meet each measure. There are two "options" for active engagement:

- **Active Engagement Option 1 - Pre-production and Validation:** The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. Then, the eligible hospital or CAH begins the process of testing and validation of the electronic submission of data. Eligible hospitals or CAHs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.
- **Active Engagement Option 2 - Validated Data Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Eligible hospitals and CAHs must indicate their level of active engagement for each measure. Eligible hospitals and CAHs may spend only one EHR reporting period at the Option 1: Pre-production and Validation level of active engagement per measure, before progressing to the Option 2: Validated Data Production level of active engagement for the next EHR reporting period, beginning with the EHR reporting period in CY 2024 (FY 2023 IPPS/LTCH PPS final rule, page 49342). See the individual measure descriptions for information about measure-specific issues and exclusions.

For more information from PHAs on local implementation guides, which programs and implementation guides are supported, contact information, and more, please visit: https://www.healthit.gov/isa/appendix-iv-state-and-local-public-health-readiness-interoperability.

Section 2: General Scoring Information

The Medicare Promoting Interoperability Program uses a performance-based scoring methodology where individual scores for individual measures are added together for a total score, up to 105 possible points. Failure to report at least a "1" in the numerator for a scored measure or reporting a "No" for any required attestation measure(s) will result in noncompliance of the program and a downward payment adjustment. When calculating performance rates and measure and objective scores, scores will be rounded to the nearest whole number.

Public Health and Clinical Data Exchange Objective:

The total points available for attesting to the six required measures in this objective is 25 points. If an eligible hospital or CAH claims an exclusion for any of the six required measures, those 25 points would be redistributed to the Provide Patients Electronic Access to their Health Information measure.

Bonus Points:

Eligible hospitals and CAHs may attest "Yes" to one or both of the following bonus (optional) measures under the Public Health and Clinical Data Exchange Objective: Clinical Data Registry Reporting or Public Health Registry Reporting. An attestation of "Yes" to one or both measures will result in an additional 5 bonus points. Reporting on both measures will not result in more than 5 bonus points. Attesting "No" to either bonus measure will not affect a participant's final score.

Table 1. CY 2025 Performance-Based Scoring Methodology for EHR Reporting Period

<table>
<tr><th>Objectives</th><th colspan="4">Scored Measures</th><th>Possible Points</th></tr>
<tr><td>Electronic Prescribing</td><td colspan="2">e-Prescribing
(10 points)</td><td colspan="2">Query of Prescription Drug Monitoring Program (PDMP)
(10 points)</td><td>20</td></tr>
<tr><td rowspan="2">Health Information Exchange</td><td colspan="2">Option 1 (Report on both)</td><td>Option 2</td><td>Option 3</td><td rowspan="2">30</td></tr>
<tr><td>Support Electronic Referral Loops by Sending Health Information
(15 points)
+
Support Electronic Referral Loops by Receiving Health Information
(15 points)</td><td>Bi-Directional Exchange Through HIE
(30 points)</td><td>Enabling Exchange under TEFCA
(30 points)</td></tr>
<tr><td>Provider To Patient Exchange</td><td colspan="4">Provide Patients Electronic Access to Their Health Information
(25 points)</td><td>25</td></tr>
<tr><td>Public Health and Clinical Data Exchange</td><td colspan="3">Report on the following (25 points):
• Syndromic Surveillance Reporting
• Immunization Registry Reporting
• eCR
• ELR
• AU Surveillance
• AR Surveillance</td><td>Bonus
Report only one
(5 bonus points):
• Public Health Data Registry Reporting
• Clinical Data Registry Reporting</td><td>25
(+5 optional bonus points)</td></tr>
<tr><td></td><td colspan="3"></td><td>Total Possible Points</td><td>105</td></tr>
</table>

Table 2. CY 2025 Summary of Exclusion Redistribution for EHR Reporting Period

Objective	Measure	Redistribution if Exclusion Claimed
e-Prescribing	e-Prescribing	10 points to HIE objective
	Query of PDMP	10 points to e-Prescribing measure
HIE	Support Electronic Referral Loops by Sending Health Information	No exclusion
	AND	
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	No exclusion
	OR	
	HIE Bi-Directional Exchange	No exclusion
	OR	
	Enabling Exchange under TEFCA	No exclusion
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion
Public Health and Clinical Data Exchange	Report the following six measures: • Syndromic Surveillance Reporting • Immunization Registry Reporting • eCR • ELR • AU Surveillance • AR Surveillance	If an exclusion is claimed for each of the six measures, 25 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure.

Section 3: Objective and Measure Information

Objective: Electronic Prescribing (e-Prescribing)

Measure Name: e-Prescribing

Definition: For at least one hospital discharge, medication order for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using CEHRT.

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions, and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (HER) reporting period.

Numerator: The number of prescriptions in the denominator generated and transmitted electronically.

Denominator: The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substance for patients discharged during the EHR reporting period.

Reporting Requirements:
- Required
- Numerator/Denominator Reporting
- If an exclusion is claimed for the Electronic Prescribing measure, the Query of PDMP measure cannot be completed

Scoring Information:
- Total points available for this measure: 10 points.
- If the exclusion is claimed, those 10 points will be redistributed to the Health Information Exchange objective.

Additional Information:
- An eligible hospital or CAH must use CEHRT as the sole means of creating the prescription and should include in the numerator and denominator both types of electronic transmissions (those within an organization and for external pharmacies that are independent of the eligible hospital or CAH's organization). Such transmissions must use standards adopted for the associated health IT certification criterion.

Objective: Electronic Prescribing

Measure Name: Query of Prescription Drug Monitoring Program (PDMP)

Definition: For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the EHR reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.

Exclusions:

1. Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period; OR,
2. Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.

Reporting Requirements:

- Required
- Yes/No Attestation
- If an exclusion is claimed for the ePrescribing measure, eligible hospitals and CAHs will not be able to complete the Query of PDMP measure requirements

Scoring Information:

- Total points available for this measure: 10 points.
- If the exclusion is claimed, those 10 points would be redistributed to the e-Prescribing measure under the Electronic-Prescribing objective.

Additional Information:

- Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid or Schedule III or IV prescription.
- Eligible hospitals and CAHs have flexibility to query the PDMP using data from CEHRT in any manner allowed under their state law
- Includes all permissible prescriptions and dispensing of Schedule II opioids and Schedule III and IV drugs regardless of the amount prescribed during an encounter

Table 3. Controlled Substance Schedules, Descriptions, and Examples

Schedule	Description	Examples
Schedule I	No accepted medical use, are unsafe, and hold a high potential for abuse.	Heroin and lysergic acid diethylamide (LSD)
Schedule II	Accepted medical use, high potential for abuse, abuse could lead to severe psychological or physical dependence.	Hydrocodone, methadone, meperidine, oxycodone, morphine, codeine, and amphetamine

Schedule	Description	Examples
Schedule III	Accepted medical use, less potential for abuse than schedule I or II substances, abuse may lead to moderate or low physical dependence or high psychological dependence.	Ketamine and anabolic steroids
Schedule IV	Accepted medical use, low potential for abuse relative to schedule III substances, abuse may lead to limited physical or psychological dependence relative to schedule III substances.	Alprazolam, clonazepam, diazepam, and tramadol

Objective: Health Information Exchange

Measure Name: Support Electronic Referral Loops by Sending Health Information

Definition: For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers its patients to another setting of care or provider of care:

1. Creates a summary of care record using CEHRT; and
2. Electronically exchanges the summary of care record.

Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23) was the transitioning or referring provider.

Reporting Requirements:

- Required
- Numerator/Denominator Reporting
- Must satisfy the HIE Objective using one of three reporting options: Option 1 (Support Electronic Referral Loops by Sending Health Information **AND** Support Electronic Referral Loops by Receiving and Reconciling Health Information), Option 2 (HIE Bi-Directional Exchange), or Option 3 (Enabling Exchange Under TEFCA)

Scoring Information:

- Total points available for this measure: 15 points.

Additional Information:

- Patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- The referring provider must have reasonable certainty of receipt by the receiving provider to count the action toward the measure. This may include confirmation of receipt or that a query of the summary of care record has occurred to count the action in the numerator.
- Apart from the three fields noted as required for the summary of care record (current problem list, current medication list, and current medication allergy list), in circumstances where there is no information available to populate one or more of the fields listed, either because the eligible hospital/CAH does not record such information or because there is no information to record, the eligible hospital/CAH may leave the field(s) blank and still meet the objective and its associated measure.
- An eligible hospital or CAH must have the ability to transmit all data pertaining to laboratory test results in the summary of care document but may work with their Certified Health IT developer to establish clinically relevant parameters for the most appropriate results for the given transition or referral.

- An eligible hospital or CAH that limits the transmission of laboratory test result data in a summary of care document must send the full results upon request (all lab results as opposed to a subset).
- In cases where the eligible hospitals or CAHs share access to an EHR, a transition or referral may still count toward the measure if the referring provider creates the summary of care document using CEHRT and sends the summary of care document electronically. If a provider chooses to include such transitions to providers where access to the EHR is shared, they must do so universally for all patients and all transitions or referrals.
- The initiating eligible hospital or CAH must send a Consolidated Clinical Document Architecture (C–CDA) document that the receiving provider would be capable of electronically incorporating as a C–CDA on the receiving end. If the sending provider converts the file to a format the receiving provider could not electronically receive and incorporate as a C–CDA (including through a third party), the initiating provider may not count the transition in their numerator.
- Eligible hospitals and CAHs may use any document template within the C-CDA standard for purposes of the measures under the HIE objective

Objective: Health Information Exchange

Measure Name: Support Electronic Referral Loops by Receiving and Reconciling Health Information

Definition: For at least one electronic summary of care record received using CEHRT for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list using CEHRT.

Numerator: Number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following three clinical information sets:
1. Medication – Review of the patient's medication, including the name, dosage, frequency, and route of each medication;
2. Medication Allergy – Review of the patient's known medication allergies; and
3. Current Problem List – Review of the patient's current and active diagnoses.

Denominator: Number of electronic summary of care records received using CEHRT for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the reconciling party of a transition of care or referral, and for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient.

Reporting Requirements:

- Required
- Numerator/Denominator Reporting
- Must satisfy the HIE Objective using one of three reporting options: Option 1 (Support Electronic Referral Loops by Sending Health Information **AND** Support Electronic Referral Loops by Receiving and Reconciling Health Information), Option 2 (HIE Bi-Directional Exchange), or Option 3 (Enabling Exchange Under TEFCA)

Scoring Information:

- Total points available for this measure: 15 points.

Additional Information:

- Patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- Eligible hospitals and CAHs are not required to manually count each individual non-health-IT-related action taken to engage with other providers of care and care team members to identify and obtain the electronic summary of care record.

Instead, the measure would focus on the result of these actions when an electronic summary of care record is successfully identified, received, and reconciled with the patient record.

- Apart from the three fields noted as required for the summary of care record (current problem list, current medication list, and current medication allergy list), in circumstances where there is no information available to populate one or more of the fields listed, either because the eligible hospital/CAH does not record such information or because there is no information to record, the eligible hospital/CAH may leave the field(s) blank and still meet the objective and its associated measure.
- The exchange must comply with the privacy and security protocols for electronic protected health information under the Health Insurance Portability and Accountability Act (HIPAA).
- Non-medical staff may conduct reconciliation under the direction of the eligible hospital or CAH, so long as the provider or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant clinical decision support. Eligible hospitals and CAHs may use any document template within the C-CDA standard for purposes of the measures under the Health Information Exchange objective.
- Eligible hospitals and CAHs may use any document template within the C-CDA standard for purposes of the measures under the HIE objective.
- For the measure, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.

Objective: Health Information Exchange

Measure Name: Health Information Exchange (HIE) Bi-Directional Exchange

Definition: The eligible hospital or CAH must attest to the following:

1. Participating in an HIE in order to enable secure, bi-directional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period.
2. Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners.
3. Using the functions of CEHRT to support bi-directional exchange with an HIE.

Reporting Requirements:

- Required
- Yes/No Attestation
- Must satisfy the HIE Objective using one of three reporting options: Option 1 (Support Electronic Referral Loops by Sending Health Information **AND** Support Electronic Referral Loops by Receiving and Reconciling Health Information), Option 2 (HIE Bi-Directional Exchange), or Option 3 (Enabling Exchange Under TEFCA)

Scoring Information:

- Total points available for this measure: 30 points.

Additional Information:

- Successfully attesting “Yes” to the measure may include enabling the ability to query or receive health information on all unique patients admitted to or discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23) and all unique patient records stored or maintained in the EHR for these departments, as well as enabling sending or sharing information for these patients regardless of known referral or transition status, or the timing of any potential transition or referral.
- Exchange networks that would not support attestation to the second attestation statement would include exchange networks that only support information exchange between affiliated entities, such as networks that only connect health care providers within a single health system, or networks that only facilitate sharing between health care providers that use the same EHR vendor.
- An eligible hospital or CAH attesting to the third statement is not required to use all the certified health IT modules identified as relevant to the measure to support their connection with an HIE, nor must a connection with an HIE be solely based on functionality in certified health IT modules.

Objective: Health Information Exchange

Measure Name: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)

Definition: The eligible hospital or CAH must attest to the following:

1. Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period; AND
2. Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Reporting Requirements:

- Required
- Yes/No Attestation
- Must satisfy the HIE Objective using one of three reporting options: Option 1 (Support Electronic Referral Loops by Sending Health Information **AND** Support Electronic Referral Loops by Receiving and Reconciling Health Information), Option 2 (HIE Bi-Directional Exchange), or Option 3 (Enabling Exchange Under TEFCA)

Scoring Information:

- Total points available for this measure: 30 points.

Additional Information:

- For more information about the Trusted Exchange Framework and Common Agreement (TEFCA), visit https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca.

Objective: Provider to Patient Exchange

Measure Name: Provide Patients Electronic Access to Their Health Information

Definition: For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23):

1. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit their health information; and
2. The eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the eligible hospital or CAH's CEHRT.

Numerator: The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the eligible hospitals or CAH's CEHRT.

Denominator: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23) during the EHR reporting period.

Reporting Requirements:

- Required
- Numerator/Denominator Reporting

Scoring Information:

- Total points available for this measure: 25 points.

Additional Information:

- The measure must be calculated by reviewing all patient records, not just those maintained using CEHRT.
- For this measure, eligible hospitals and CAHs must offer all four functionalities (view, download, transmit, and access through an API) to their patients.
- To implement an API, the eligible hospital or CAH would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided the application is configured to meet the technical specifications of the API. Eligible hospitals or CAHs may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. Eligible hospitals or CAHs are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.

- Similar to how eligible hospitals or CAHs support patient access to view, download, transmit (VDT) capabilities, eligible hospitals or CAHs should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- Any patient health information must be made available to the patient within 36 hours of its availability to the eligible hospital or CAH.
- Eligible hospitals or CAHs may withhold from online disclosure of any information, either prohibited by federal, state, or local laws, or if such information provided through online means may result in significant harm.
- The patient must be able to access this information on demand, such as through a patient portal or personal health record, or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through VDT, the measure does not replace the covered entity's responsibilities to meet the broader requirements under the HIPAA to provide an individual, upon request, with access to public health information in a designated record set.
- Eligible hospitals or CAHs should also be aware that while meaningful use is limited to the capabilities of CEHRT to provide online access, there may be patients who cannot access their EHRs electronically because of a disability. Eligible hospitals or CAHs that are covered by the Americans with Disabilities Act must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- A patient who has multiple encounters during the EHR reporting period, or even in subsequent EHR reporting periods in future years, needs to be provided access for each encounter where they are discharged from the eligible hospital or CAH inpatient or emergency department.
- If a patient elects to “opt out” of participation, that patient must still be included in the denominator.
- If a patient elects to “opt out” of participation, the eligible hospital or CAH may count the patient in the numerator if the patient is provided all the necessary information to subsequently access their information, obtain access through a patient authorized representative, or otherwise opt back-in without further follow up action required by the eligible hospital or CAH.
- The eligible hospital or CAH must continue to update the information accessible to the patient each time new information is available.
- For view, download, and transmit functionality, the required content includes:
    - The United States Core Data for Interoperability (USCDI) (https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi).
    - Laboratory test report(s).
    - Diagnostic image report(s).
    - Inpatient setting only. Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization.
- For API functionality, the required data set is the USCDI.

Objective: Public Health and Clinical Data Exchange

Measure Name: Immunization Registry Reporting

Definition: The eligible hospital or CAH is in active engagement with a PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry or immunization information system (IIS).

Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:

1. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the EHR reporting period;
2. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
3. Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- An eligible hospital or CAHs health IT) system may layer additional information on the immunization history and forecast, and still successfully meet this measure.
- Bi-directionality provides that a certified health IT system must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.
- Non-vaccinating health care providers can get credit for the Immunization Registry Reporting measure for the Medicare Promoting Interoperability Program if they can query and receive results (the consolidated immunization record and forecast) into their EHR from the IIS in accordance with HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014).
- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by health care providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.

- An exclusion does not apply if an entity designated by the IIS can receive electronic immunization data submissions. For example, if the immunization registry cannot accept the data directly or in the standards required by CEHRT, but it has designated a Health Information Exchange (HIE) to do so on their behalf and the HIE can accept the information in the standards required by CEHRT, the eligible hospital or CAH cannot claim the second exclusion.
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.

Objective: Public Health and Clinical Data Exchange

Measure Name: Syndromic Surveillance Reporting

Definition: The eligible hospital or CAH is in active engagement with a PHA to submit syndromic surveillance data from an emergency department (POS 23).

Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:

1. Does not have an emergency department;
2. Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
3. Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of six months prior to the start of the EHR reporting period.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by health care providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- An exclusion does not apply if an entity designated by the PHA can receive electronic syndromic surveillance data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the HIE can accept the information in the standards required by CEHRT, the provider could not claim the second exclusion.
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.

Objective: Public Health and Clinical Data Exchange

Measure Name: Electronic Case Reporting (eCR)

Definition: The eligible hospital or CAH is in active engagement with a PHA to submit case reports of reportable conditions.

Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH:

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 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.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- "*Capable of receiving eCR data in the specific standards required*" means: The PHA "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."
- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by health care providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- An exclusion does not apply if an entity designated by the PHA can receive electronic case reporting data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the HIE can accept the information in the standards required by CEHRT, the provider could not claim the second exclusion.
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ''borderless'' would be considered a registry at the national level and would be included for purposes of this measure.

- A Certified Health IT Developer may certify to 45 CFR 170.315(f)(5) by providing documentation of electronic case reporting implementation using the eCR Now Fast Healthcare Interoperability Resources ® application implementation guide to its ONC-Authorized Certification Body. For further information, see https://www.healthit.gov/test-method/transmission-public-health-agencies-electronic-case-reporting.

Objective: Public Health and Clinical Data Exchange

Measure Name: Electronic Laboratory Reporting

Definition: The eligible hospital or CAH is in active engagement with a PHA to submit electronic laboratory reporting (ELR) results.

Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH:

1. Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
2. Operates in a jurisdiction for which no PHA can accept the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or
3. Operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of six months prior to the start of the EHR reporting period.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- If PHAs have not declared six months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by health care providers seeking to meet EHR reporting periods in that upcoming year, an eligible hospital or CAH can claim an exclusion.
- An exclusion does not apply if an entity designated by the PHA can receive electronic laboratory result reporting data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the HIE can accept the information in the standards required by CEHRT, the provider could not claim the second exclusion.
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and included for purposes of this measure.

Objective: Public Health and Clinical Data Exchange

Measure Name: Antimicrobial Use (AU) Surveillance

Definition: The eligible hospital or CAH is in active engagement with CDC's National Health Safety Network (NHSN) to submit AU data for the EHR reporting period and received a report from NHSN indicating its successful submission of AU data for the EHR reporting period

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

1. Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period;
2. Does not have electronic medication administration record/barcode medication administration systems or an admission, discharge, transfer (ADT) system during the EHR reporting period; or
3. Does not have a data source containing the minimal discrete data elements that are required for reporting.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- For additional information on NHSN: Promoting Interoperability Program | NHSN | CDC

Objective: Public Health and Clinical Data Exchange

Measure Name: Antimicrobial Resistance (AR) Surveillance

Definition: The eligible hospital or CAH is in active engagement with CDC's NHSN to submit AR data for the EHR reporting period and receives a report from NHSN indicating its successful submission of AR data for the EHR reporting period.

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

1. Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period;
2. Does not have a laboratory information system or ADT system during the EHR reporting period; or
3. Does not have a data source containing the minimal discrete data elements that are required for reporting.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Points assigned by objective, not individual measure

Additional Information:

- For additional information on NHSN: Promoting Interoperability Program | NHSN | CDC

Objective: Public Health and Clinical Data Exchange

Measure Name: Public Health Registry Reporting

Definition: The eligible hospital or CAH is in active engagement with a PHA to submit data to public health registries.

Reporting Requirements:

- Optional
- Yes/No Attestation

Scoring Information:

- Total points available for this measure: 5 points

Additional Information:

- If the PHA does not use a specified standard, it must use another standard specified in 45 CFR 170.205 to meet the measure. For example, the transmission could be in the form of a C-CDA per §170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per §170.205(h)(2).
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.
- Reporting more than one bonus measure for this objective will not earn the eligible hospital or CAH any additional bonus points.

Objective: Public Health and Clinical Data Exchange

Measure Name: Clinical Data Registry Reporting

Definition: The eligible hospital or CAH is in active engagement to submit data to a CDR.

Reporting Requirements:

- Optional
- Yes/No Attestation

Scoring Information:

- Total points available for this measure: 5 points

Additional Information:

- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the health care provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.
- If the CDR does not use a specified standard, it must use another standard specified in 45 CFR 170.205 to meet the measure. For example, the transmission could be in the form of a C-CDA per §170.205(a)(4), or QRDA per §170.205(h)(2).
- Reporting more than one bonus measure for this objective will not earn the eligible hospital or CAH any additional bonus points.

Objective: Protect Patient Health Information

Measure Name: Security Risk Analysis

Definition: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under §164.312(a)(2)(iv) and §164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process. Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Not scored

Additional Information:

- The security risk analysis requirement under 45 CFR 164.308(a)(1) must assess the potential risks and vulnerabilities to the confidentiality, availability, and integrity of all ePHI that an organization creates, receives, maintains, or transmits. This includes ePHI in all forms of electronic media, such as hard drives, floppy disks, CDs, DVDs, smart cards or other storage devices, personal digital assistants, transmission media, or portable electronic media.
- An analysis must be done upon installation or upgrade to a new system and a review must be conducted at least annually covering each EHR reporting period. Any security updates and deficiencies that are identified should be included in the eligible hospital or CAHs risk management process and implemented or corrected as dictated by that process.
- The parameters of the security risk analysis are defined in 45 CFR 164.308(a)(1), which was created by the HIPAA Security Rule. Meaningful use does not impose new or expanded requirements on the HIPAA Security Rule, nor does it require specific use of every certification and standard that is included in CEHRT. More information on the HIPAA Security Rule can be found at https://www.hhs.gov/hipaa/for-professionals/security/index.html.

Objective: Protect Patient Health Information

Measure Name: Safety Assurance Factors for EHR Resilience (SAFER) Guides

Definition: Conduct an annual self-assessment using all nine SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.

Reporting Requirements:

- Required
- Yes/No Attestation

Scoring Information:

- Not scored

Additional Information:

- To complete each self-assessment, participants are expected to fill out the checklist and practice worksheet, as applicable to their facility, at the beginning of each guide.
- The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (hereafter referred to as "ASTP")[1] published revised versions of the SAFER Guides in January 2025, available here for review.
- During the 2025 performance year, eligible hospitals and CAHs are required to conduct a self-assessment using the 2016 SAFER Guides which remain available on ASTP's website.

[1] On July 29, 2024, notice was posted in the Federal Register that ONC would be dually titled to the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology.

Section 4:Technical Specifications and Resources for eCQM Reporting

Since CY 2016, eligible hospitals and CAHs have been required to report eCQM data to the Medicare Promoting Interoperability Program. Eligible hospitals that successfully submit eCQM data to meet Medicare Promoting Interoperability Program requirements will also fulfill the Hospital Inpatient Quality Reporting Program requirement for eCQM reporting with one submission.

Eligible hospitals and CAHs should refer to program resources on the eCQI Resource Center to support successful eCQM reporting, including measure specification information, and information about the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide used to report quality measurement data for the applicable reporting period

Eligible hospitals and CAHs can also visit the QualityNet eCQM measures and Resources pages to review the list of available eCQMs, eCQM reporting requirements and data submission tools for the applicable reporting period.

For questions regarding eCQM specifications, value sets, and appropriateness of mapping, please submit questions to the eCQM Issue Tracker at https://oncprojectracking.healthit.gov/support/projects/CQM/summary. The eCQM Issue Tracker is an online database that allows for the submission and retrieval of questions and answers based on the measure and keyword criterion.

Section 5: Certification Criteria

- The ONC Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) final rule (page 1205) is available at: https://www.federalregister.gov/documents/2024/01/09/2023-28857/health-data-technology-and-interoperability-certification-program-updates-algorithm-transparency-and
- To check whether a health IT product has been certified to the ONC Certification Criteria for Health IT, visit the Certified Health IT Product List at https://chpl.healthit.gov/.
- You may contact ASTP with specific questions by visiting: https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-certification-program

Table 4. ONC Health IT Certification Criteria for the EHR Reporting Period in CY 2025

Objectives	Measure	ONC Health IT Certification Criteria as Defined in the Following Sections of Title 45 CFR
e-Prescribing	e-Prescribing	§170.315(b)(3) Electronic prescribing
	Query of PDMP	§170.315(b)(3) Electronic prescribing
HIE	Support electronic referral loops by sending health information	§170.315(b)(1) Transitions of Care
	Support electronic referral loops by receiving and reconciling health information	§170.315(b)(1) Transitions of Care
		§170.315(b)(2) Clinical Information Reconciliation and Incorporation
HIE (alternative)	HIE Bi-Directional Exchange	Examples of certified health IT capabilities to support actions of this measure may include but are not limited to technology certified to the following criteria:
		§170.315(b)(1) Transitions of Care
		§170.315(b)(2) Clinical Information Reconciliation and Incorporation
		§170.315 (g)(7) Application Access - Patient Selection
		§170.315(g)(9) Application Access - All Data Request
		§170.315(g)(10) Application Access - Standardized API for Patient and Population Services
HIE (alternative)	Enabling Exchange under TEFCA	Examples of certified health IT capabilities to support actions of this measure may include but are not limited to technology certified to the following criteria:

		§170.315(b)(1) Transitions of Care
		§170.315(b)(2) Clinical Information Reconciliation and Incorporation
		§170.315 (g)(7) Application Access - Patient Selection
		§170.315(g)(9) Application Access - All Data Request
		§170.315(g)(10) Application Access - Standardized API for Patient and Population Services
Provider to Patient Exchange	Provide patients electronic access to their health information	§170.315(e)(1) Patient Engagement - View, Download, and Transmit to 3rd Party
		§170.315 (g)(7) Application Access - Patient Selection
		§170.315(g)(9) Application Access - All Data Request
		§170.315(g)(10) Application Access - Standardized API for Patient and Population Services
Public Health and Clinical Data Exchange	Immunization registry reporting	§170.315(f)(1) Transmission to Immunization Registries
	Syndromic surveillance reporting	§170.315(f)(2) Transmission to Public Health Agencies - Syndromic Surveillance
	Electronic case reporting	§170.315(f)(5) Transmission to Public Health Agencies - Electronic Case Reporting
	Public health registry reporting	§170.315(f)(7) Transmission to Public Health Agencies - Health Care Services
	Clinical data registry reporting	No ONC health IT certification criteria at this time.
	Electronic laboratory reporting	§170.315(f)(3) Transmission to Public Health Agencies - Reportable Laboratory Tests and Value/Results
	AU Surveillance	§170.315(f)(6) Transmission to Public Health Agencies - Antimicrobial Use and Resistance Reporting
	AR Surveillance	§170.315(f)(6) Transmission to Public Health Agencies - Antimicrobial Use and Resistance Reporting
Electronic Clinical Quality measures (eCQMs)	eCQMs for eligible hospitals and CAHs	§170.315(c)(1) - Clinical Quality Measures (Record & Export)
		§170.315(c)(2) - Clinical Quality Measures (Import & Calculate)
		§ 170.315(c)(3)(i) and (ii) - Clinical Quality Measures (Report)
Protect Patient Health Information	Security Risk Assessment	No ONC health IT certification criteria at this time.
	SAFER Guides	No ONC health IT certification criteria at this time.

Section 6: Glossary of Terms

Active/Current Medication Allergy List: A list of medications to which a given patient has known allergies.

Active/Current Medication List: A list of medications that a given patient is currently taking.

Active Engagement: Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR), or is sending production data to a PHA or CDR.

Active Engagement Option 1: Pre-production and Validation: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. Then, the eligible hospital or CAH begins the process of testing and validation of the electronic submission of data. Eligible hospitals or CAHs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

Active Engagement Option 2: Validated Data Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Allergy: An exaggerated immune response or reaction to substances that are generally not harmful.

API: A set of programming protocols established for multiple purposes. APIs may be enabled by an eligible hospital or CAH to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current "patient portals."

Appropriate Technical Capabilities: A technical capability would be appropriate if it protected the electronic health information created or maintained by the CEHRT. All these capabilities could be part of the CEHRT or outside systems and programs that support the privacy and security of CEHRT.

Care Plan: The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include, at a minimum, the following components: goals, health concerns, assessment, and plan of treatment.

Clinician Communication: The Clinician Communication SAFER Guide identifies recommended safety practices associated with communication between clinicians and is intended to optimize the safety and safe use of EHRs.

Computerized Provider Order Entry with Decision Support: The Computerized Provider Order Entry with Decision Support SAFER Guide identifies recommended safety practices associated with computerized provider order entry (CPOE) and clinical decision support (CDS).

Contingency Planning: The Contingency Planning SAFER Guide identifies recommended safety practices associated with planned or unplanned EHR unavailability—instances in which clinicians or other end users cannot access all or part of the EHR.

Current Problem Lists: At a minimum, a list of current and active diagnoses.

Download: The movement of information from online to physical electronic media.

Health Information Exchange: "HIE" broadly refers to arrangements that facilitate the exchange of health information and may include arrangements commonly denoted as exchange "frameworks," "networks," or using other terms.

High Priority Practices: The High Priority Practices SAFER Guide identifies "high risk" and "high priority" recommended safety practices intended to optimize the safety and safe use of EHRs. Organizational Responsibilities: The Organizational Responsibilities SAFER Guide identifies individual and organizational responsibilities (activities, processes, and tasks) intended to optimize the safety and safe use of EHRs.

National Healthcare Safety Network (NHSN): The Nation's most widely used healthcare associated infection tracking system, owned by the CDC. Provides data needed to identify problem areas and measure the progress of prevention efforts.

Opioids: Opioids listed as Schedule II controlled substances found 21 CFR 1308.12.

Patient Identification: The Patient Identification SAFER Guide identifies recommended safety practices associated with the reliable identification of patients in the EHR.

Permissible Prescriptions: All drugs meeting the current definition of a prescription as the authorization by an eligible hospital or CAH to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Prescription: The authorization by an eligible hospital or CAH to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Production Data: Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and "test data" which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Provide Access: When a patient possesses all the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need to view, download, or transmit their information.

Public Health Agency Registry (PHA Registry): A public health registry may include chronic disease, birth defects, and traumatic injury registries. Public health registries operate by patient safety and quality improvement organizations that enable knowledge generation or process improvement regarding the diagnosis, therapy and prevention of conditions that affect a population.

Referral: Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

System Configuration: The System Configuration SAFER Guide identifies recommended safety practices associated with the way EHR hardware and software are set up (configured).

System Interfaces: The System Interfaces SAFER Guide identifies recommended safety practices intended to optimize the safety and safe use of system-to-system interfaces between EHR-related software applications.

Test Results Reporting and Follow-Up: The Test Results Reporting and Follow-Up SAFER Guide identifies recommended safety practices intended to optimize the safety and safe use of processes and EHR technology for the electronic communication and management of diagnostic test results.

Transition of Care: The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, this includes all discharges from the inpatient department and after admissions to the emergency department when follow-up care is ordered by an authorized provider of the hospital.

Transmission: This may be any means of electronic transmission according to any transport standard(s) (Simple Mail Transfer Protocol, file transfer protocol, Representational State Transfer, Simple Object Access Protocol, and so on.) However, the relocation of physical electronic media (for example, universal serial buses, compact discs) does not qualify as transmission, although the movement of the information from online to the physical electronic media will be considered a download.

View: The patient (or authorized representative) accessing their health information online.

Section 7: Resources

This section contains additional resources available to eligible hospitals and CAHs participating in the CMS Medicare Promoting Interoperability Program.

The Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC)
https://www.healthit.gov/topic/about-astponc
The ASTP is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care. To learn more about the ONC Health IT certification criteria, please review the ONC Certification Criteria webpage.

For questions about the ONC's CEHRT definition, please reach out to the ONC's Inquiry Portal at:
https://inquiry.healthit.gov/support/servicedesk/customer/user/login?destination=plugins/servlet/desk/portal/2.

Center for Clinical Standards and Quality (CCSQ) Support Center
For questions about the HQR System, including questions regarding user roles, reports, data upload, and troubleshooting file errors, you may reach the CCSQ Support Center in the following ways.
• Toll-Free Telephone: (866) 288-8912
  Hours of Operation: 8:00 a.m.–8:00 p.m. Eastern Time
• Email: QNetSupport@cms.hhs.gov

The Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/nhsn/cdaportal/datainteroperability.html
For questions about measure submissions (e.g., AU and AR module reporting), please contact the National Health Safety Network (NHSN) help desk at nhsn@cdc.gov. For more detailed information on NHSN Clinical Document Architecture (CDA) files, view the NHSN CDA Submission Support Portal site at https://www.cdc.gov/nhsn/cdaportal/index.html.

Centers for Medicare & Medicaid Services
www.cms.gov
CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

eCQM-Specific Resources
- **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the eCQM and QRDA Issue Trackers: https://oncprojectracking.healthit.gov/olp/.
- **eCQM validation inquiries** are submitted to the Validation Support Contractor at validation@telligen.com.

- **eCQI Resource Center:** https://ecqi.healthit.gov The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to electronic quality improvement.

Federal Register www.federalregister.gov
The Federal Register is the official publication for the rulemaking activity and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Contractor
For questions about the Medicare Promoting Interoperability Program and Hardship Exception Process, you may reach out to the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team the following ways:
• Toll-Free Telephone: (844) 472-4477 (8 a.m.–8 p.m. ET, Monday–Friday)
• Email: PIProgramSupport@hsag.com
• Live Chat: *QualityReportingCenter.com* > *Inpatient* > *Talk to Us*

Medicare Promoting Interoperability Program Listserv
To receive important program updates and notifications, please subscribe to the Medicare Promoting Interoperability Program Listserv on the QualityNet website. On the QualityNet home page, select the "Subscribe to Email Updates" box, enter your User Information, check the box next to *EHR Notify: EHR (Electronic Health Record) and Medicare Promoting Interoperability (PI)/eCQM Notification*, and click Submit.

Quality Payment Program (QPP) https://qpp.cms.gov/
For questions about the MIPS's Promoting Interoperability Performance Category, eligible clinicians may reach out to the QPP Service Center at QPP@cms.hhs.gov or (866) 288-8292.

QualityNet Website: https://qualitynet.cms.gov/
The Medicare Promoting Interoperability Program uses QualityNet to publish information about requirements, educational offerings announcements about educational offerings, and news stories. Also, the website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.

Questions and Answers
The CMS Quality Question and Answer Tool (https://cmsqualitysupport.servicenowservices.com/qnet_qa) is a knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.

Section 8: Acronyms

ADT	Admission, discharge, transfer
API	Application Program Interfaces
AR	Antimicrobial Resistance
ASTP	Assistant Secretary for Technology Policy
AU	Antimicrobial Use
CAH	critical access hospital
C-CDA	Consolidated Clinical Document Architecture
CDA	Clinical Document Architecture
CDC	Centers for Disease Control and Prevention
CDR	clinical data registry
CDS	clinical decision support
CEHRT	certified electronic health record technology
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CY	calendar year
eCQM	electronic clinical quality measure
eCR	electronic case reporting
EHR	electronic health record
ELR	electronic reporting laboratory
FY	fiscal year
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven
IIS	immunization information system
IPPS	Inpatient Prospective Payment System
IT	information technology
LTCH	Long-Term Care Hospital
MIPS	Merit-based Incentive Payment System
NHSN	National Healthcare Safety Network
ONC	Office of the National Coordinator for Health Information Technology
PDMP	Prescription Drug Monitoring Program
PHA	public health agency
POS	Place of Service
PPS	Prospective Payment System
QPP	Quality Payment Program
QRDA	Quality Reporting Document Architecture
SAFER	Safety Assurance Factors for EHR Resistance
TEFCA	Trusted Exchange Framework and Common Agreement
USCDI	United States Core Data for Interoperability
VDT	View, Download, Transmit