Medicare Promoting Interoperability Program

Hospital Quality Reporting User Guide for Eligible Hospitals and Critical Access Hospitals

Calendar Year 2025 EHR Reporting Period

Table of Contents

I. About this User Guide....1
II.HQR System Registration Process....3
III. Logging into the HQR System....4
IV. Review, Add and/or Modify User Permissions....7
V. Review, Add and/or Modify Vendor Permissions....13
VI. Promoting Interoperability Registration....17
A. Registration Information....17
B. Business Information....18
C. Registration Disclaimer....19
VII. Web-Based Measure Data Submissions....22
A. Attestation Information/Disclaimer....22
B. Objectives and Measures Information....26
VIII. eCQM Data Submissions....37
A. Uploading and Reviewing Data Submitted via QRDA Category I Files....37
B. Entering Denominator Declarations (if they apply)....39
C. Generating the Submission Requirements Report....40
D. Program Credit Report (Retired)....43

I. About this User Guide

This guide will provide users the necessary tools to register, log in, and navigate within the Hospital Quality Reporting (HQR) system. It will contain the steps needed to submit data for the Medicare Promoting Interoperability Program including electronic clinical quality measure (eCQM) data.

Data submission using the *HQR Secure Portal* is the only Centers for Medicare & Medicaid Services (CMS)-approved method for secure communications and health care quality data exchange between healthcare providers/vendors and CMS for the purposes of the Medicare Promoting Interoperability Program. All files and data exchanged with CMS via the *HQR Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *HQR Secure Portal* meets all requirements of the Health Insurance Portability and Accountability Act of 1996.

Eligible hospitals and critical access hospitals (CAHs) can avoid payment reductions under the Medicare Promoting Interoperability Program by demonstrating their meaningful use of certified electronic health record technology (CEHRT) to improve patient care. Those participating in the Medicare Promoting Interoperability Program for calendar year (CY) 2025 must use the Office of the National Coordinator (ONC) Health Information Technology (IT) certification criteria to meet the CEHRT requirement. Hospitals wanting to take part in the program and avoid payment reductions under the Medicare Promoting Interoperability Program will access the HQR system to submit CY 2025 data by the **submission deadline of March 2, 2026, at 11:59 p.m. PT**:

- Promoting Interoperability Registration (New Hospitals Only)
  - Registration Information
  - Business Information
  - Registration Disclaimer
- Web-Based Measure Data
  - Attestation Information/Disclaimer
  - Objectives and Measures
- eCQM Data

For complete information on the CY 2025 Medicare Promoting Interoperability Program requirements, refer to the Measure/Requirements page on the CMS QualityNet website.

CMS will announce through Listserv communications once the HQR system is open and available to receive web-based measure data as well as Quality Reporting Document Architecture (QRDA) Category I file submissions for both test and production eCQM data. Authorized data submitters can upload, delete, and edit their data submissions until the CMS submission deadline. The *HQR Secure Portal* does not allow data to be submitted or corrected after the annual submission deadline.

To ensure you and your staff receive these important notices, sign up for the EHR Notify: EHR and Medicare Promoting Interoperability/eCQM Listserve.

Contact Information for further assistance:

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

II.HQR System Registration Process

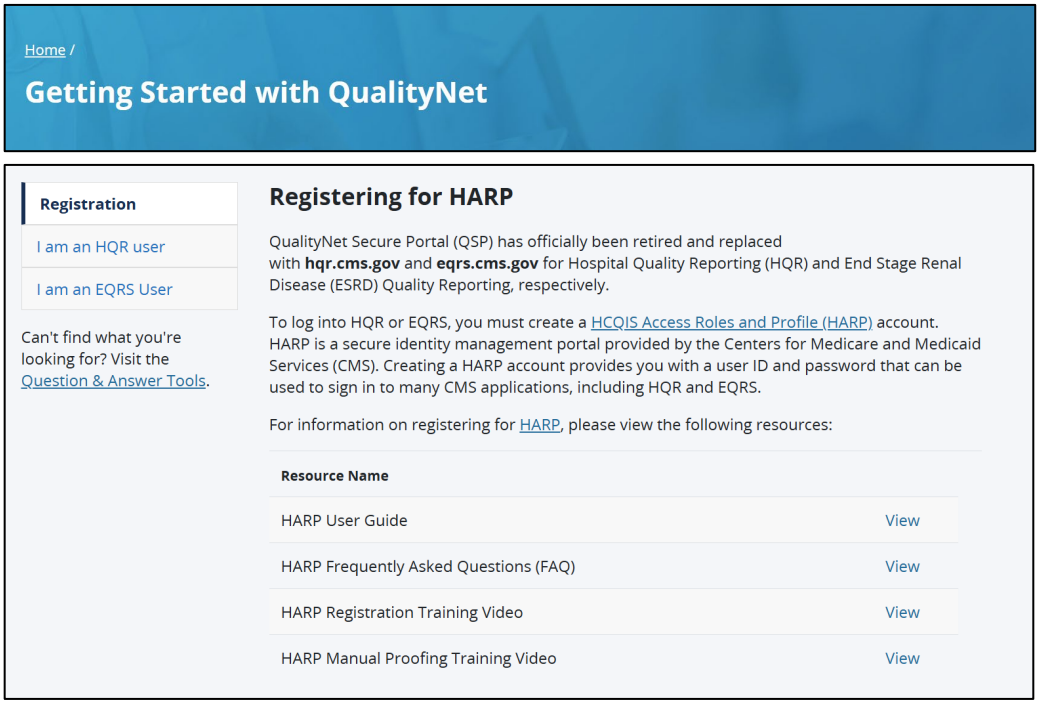
To participate and submit data for reporting in the Medicare Promoting Interoperability Program, eligible hospitals and CAHs must register for access to the HQR System. To log into HQR, users must already have or create a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account. Creating a HARP account provides you with a User ID and password that can be used to sign into the *HQR Secure Portal* and access the necessary user interfaces (applications) for data submission. More information regarding this process can be found on the Getting Started with QualityNet page.

All users requesting access to the HQR System must complete identify proofing to verify their identity. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the HQR System.

The *HQR Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange to enable facility reporting. HARP is a secure identity management portal for users of the HQR System, and it streamlines the login process by allowing access to all CMS Quality organizations with one login.

These HARP resources are available on the QualityNet Registration page:

- HARP User Guide
- HARP Frequently Asked Questions (FAQ)
- HARP Registration Training Video
- HARP Manual Proofing Training Video



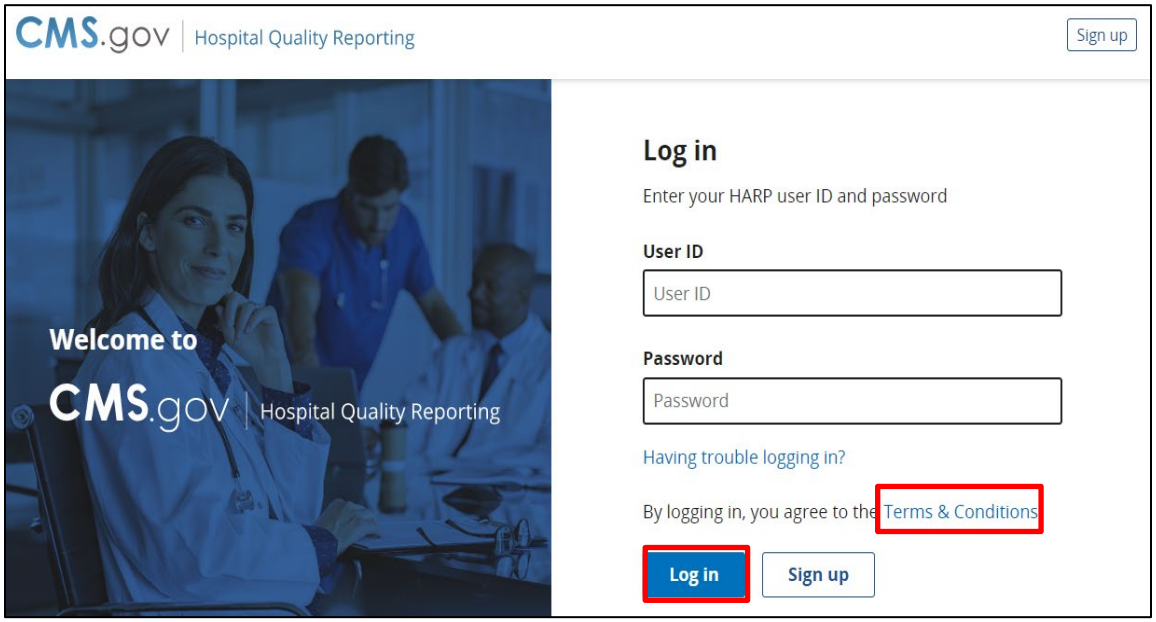
For additional help on navigating the HQR system, view the video tutorials on YouTube: https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy.

III. Logging into the HQR System

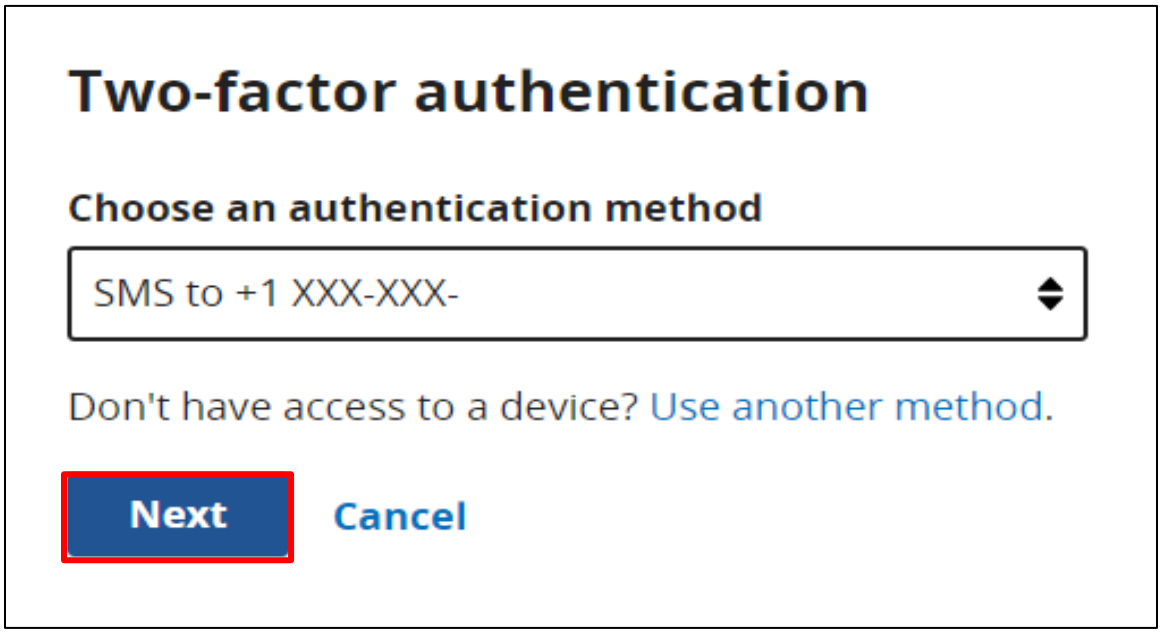
Step 1: Access and log into the *HQR Secure Portal* with your Health Care Quality Information Systems Access Roles and Profile (HARP) User ID and password. (Link: https://hqr.cms.gov/hqrng/login)

Note: The screens displayed may vary depending on the user's permissions.

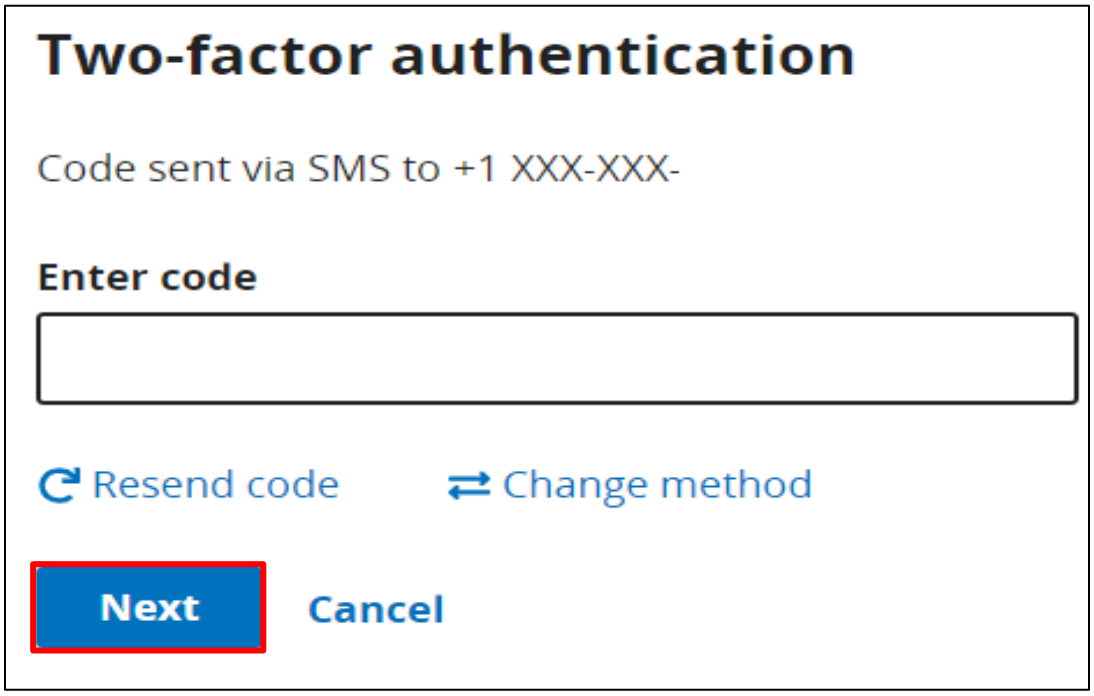
Important: If you do not have a HARP account, then click on the Sign-Up button and follow instructions to create one. For assistance, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov.



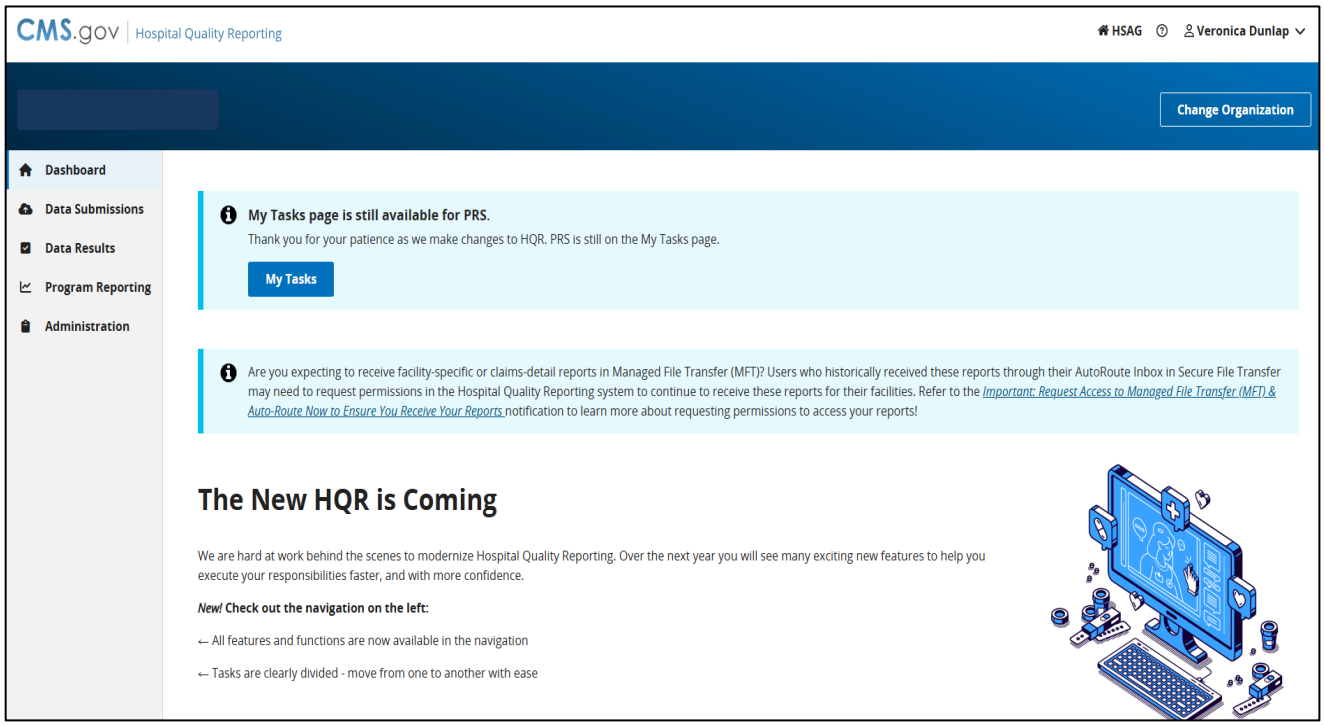
Step 2: Select an option for two-factor authentication to verify your account. Then, click Next.



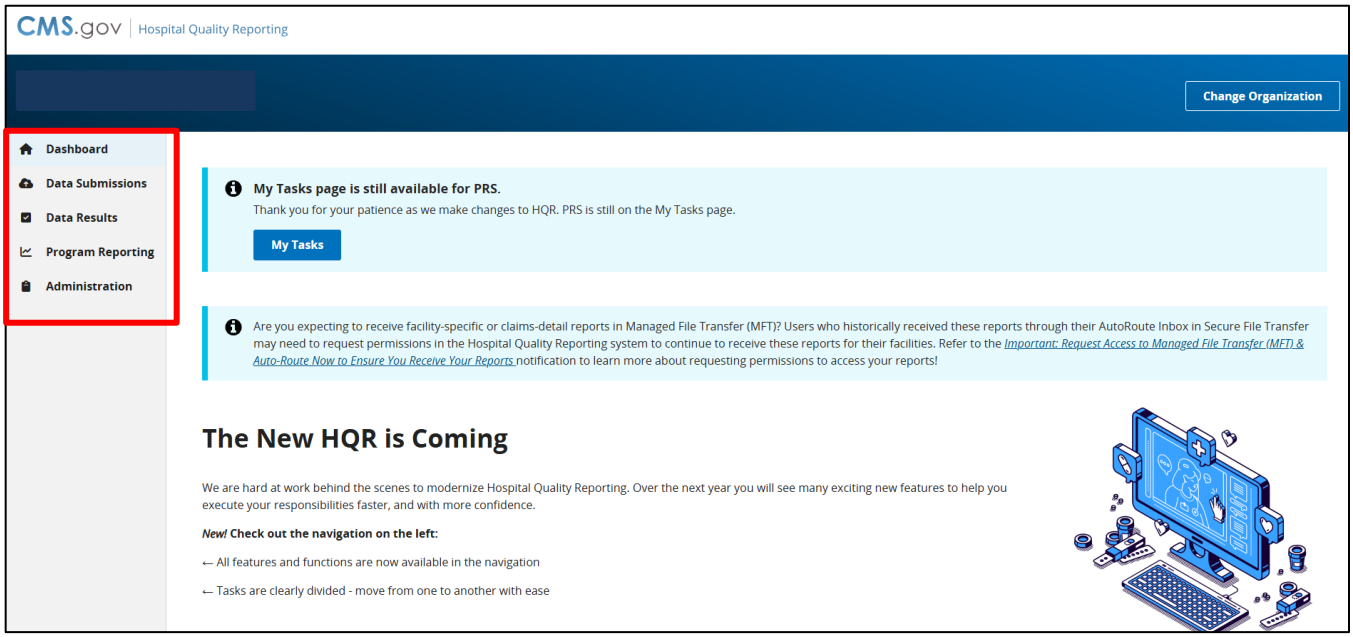
Step 3: Enter the code received. Then, click Next.



Step 4: From the landing page, select or change the organization submitting data.



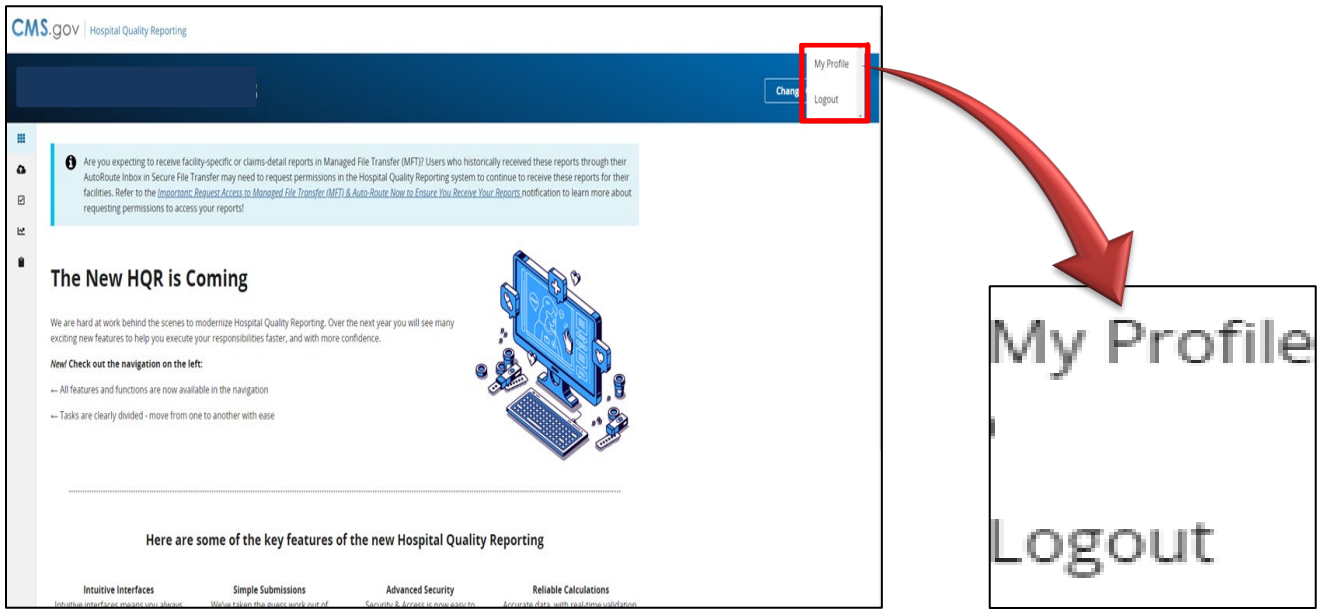
Step 5: Review the left-hand Navigation menu, to perform actions in the HQR system.



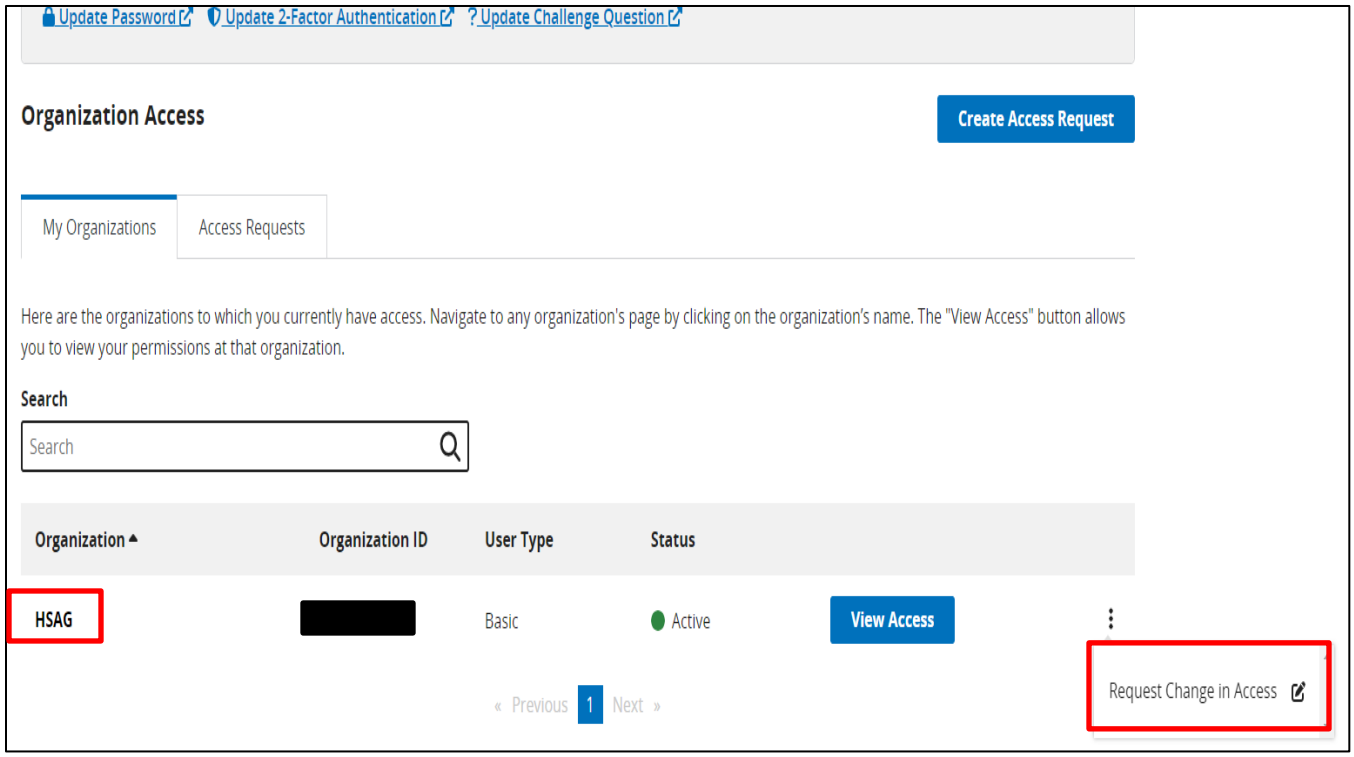
IV. Review, Add and/or Modify User Permissions

Basic users will need to add/edit both the Web-Based Measures and eCQM permissions to view or upload/edit data for the Medicare Promoting Interoperability Program.

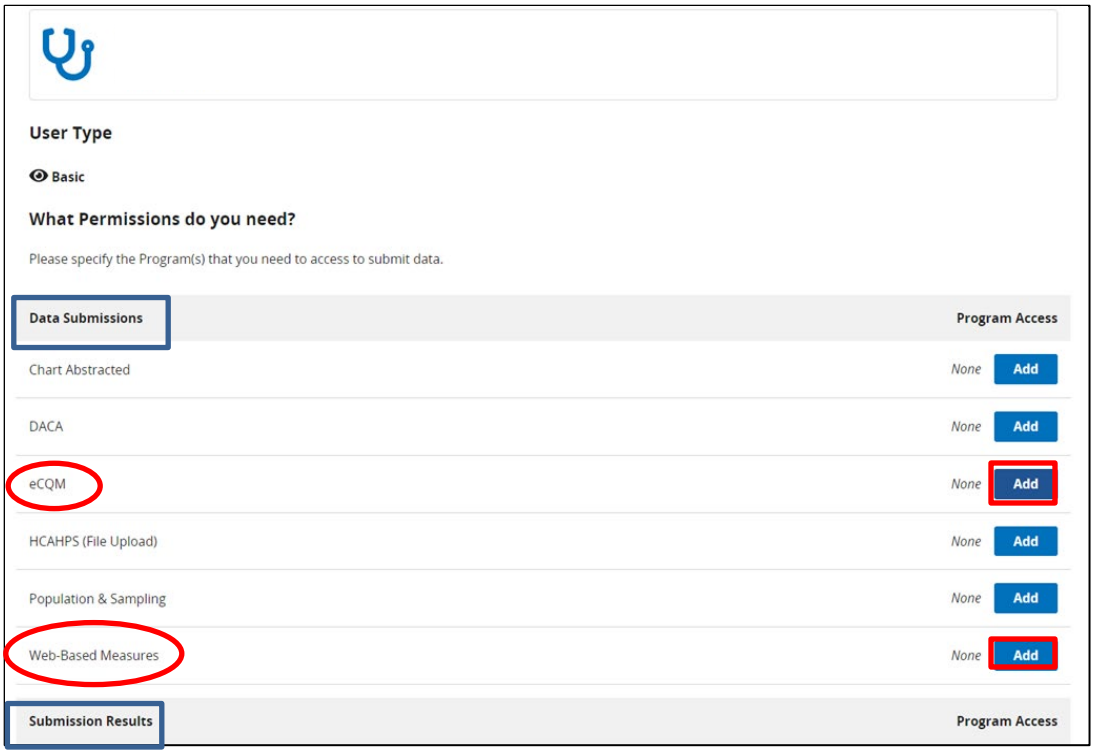
Step 1: From landing page, click on Username in the top-right corner. Then, select My Profile.



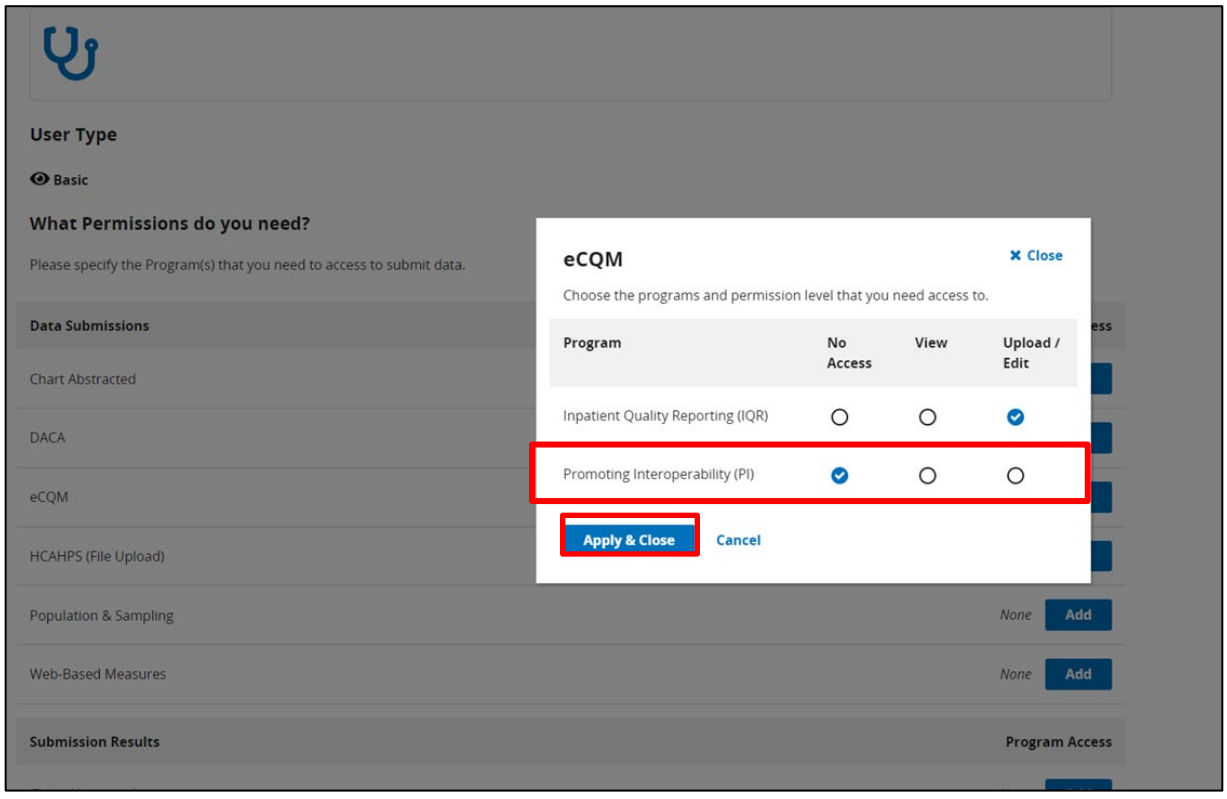
Step 2: Under Organization, click on the three vertical dots and select Request Change in Access.



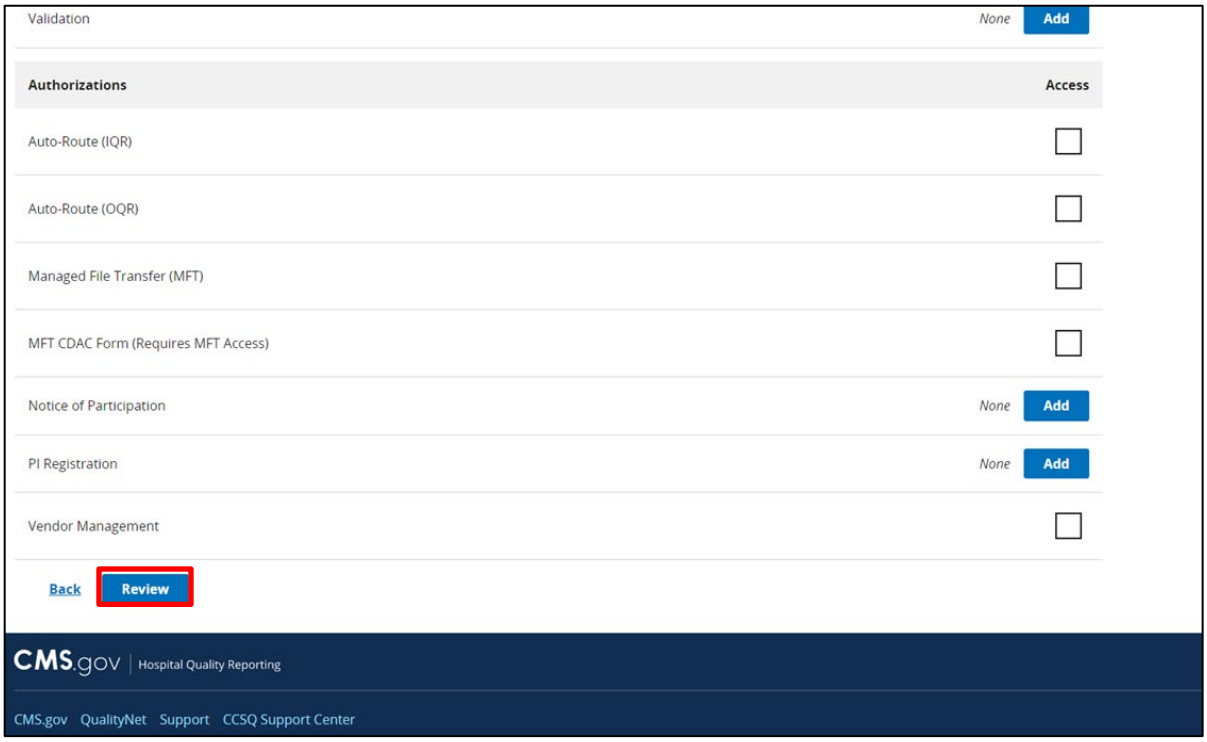
Step 3: Under each Permission Type, click Add next to Web-based Measures and eCQM.



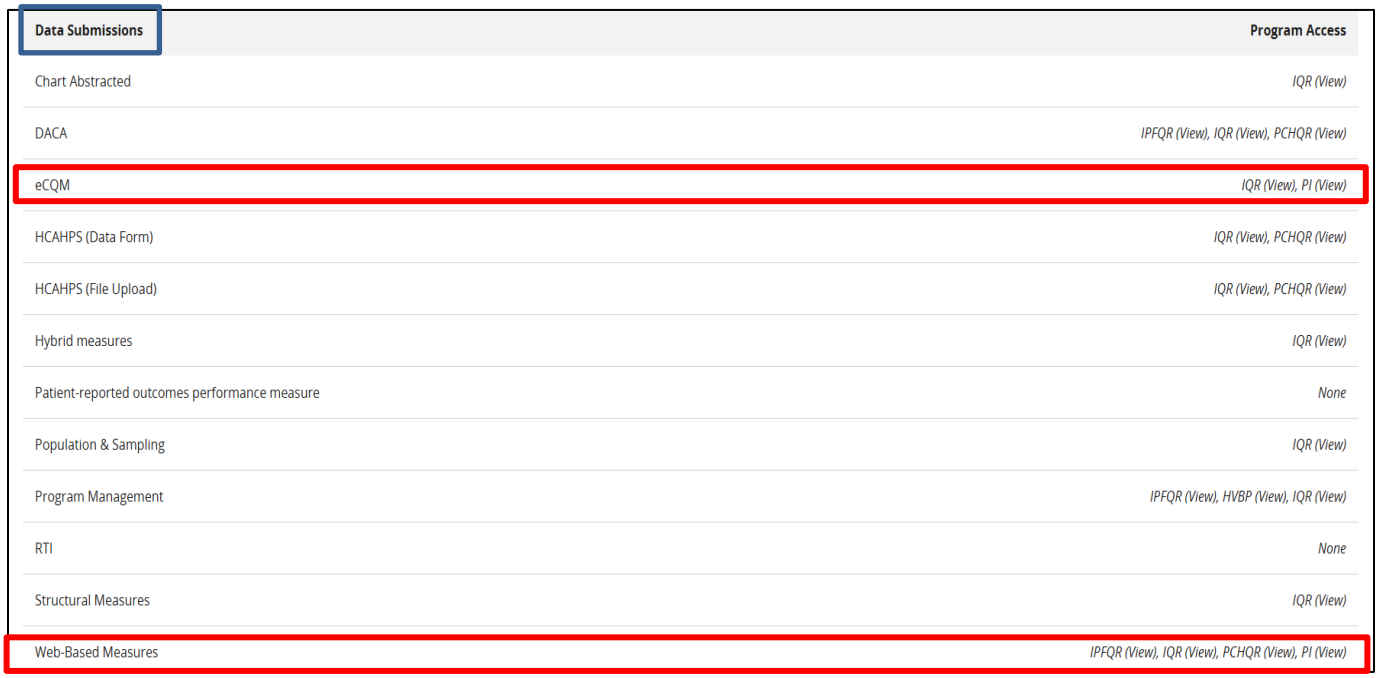
Step 4: Next to the Promoting Interoperability Program (PI), select your permission level for Web-Based Measures and eCQM. Then, click Apply & Close.

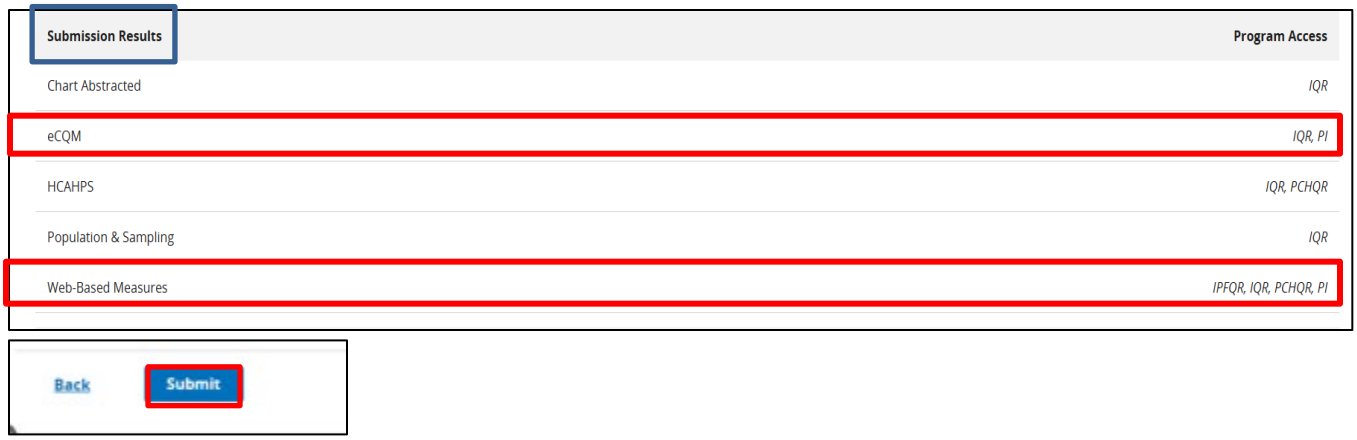


Step 5: Scroll to the bottom of the page and click Review.

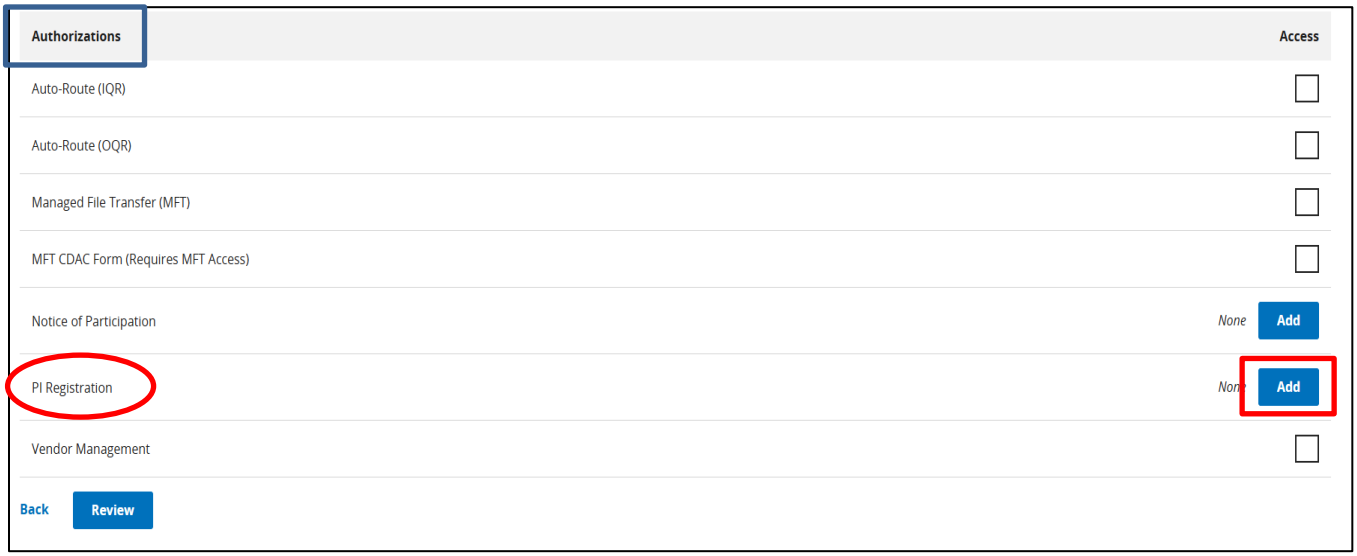


Step 6: Review your Access Request for accuracy. Then, click Submit.

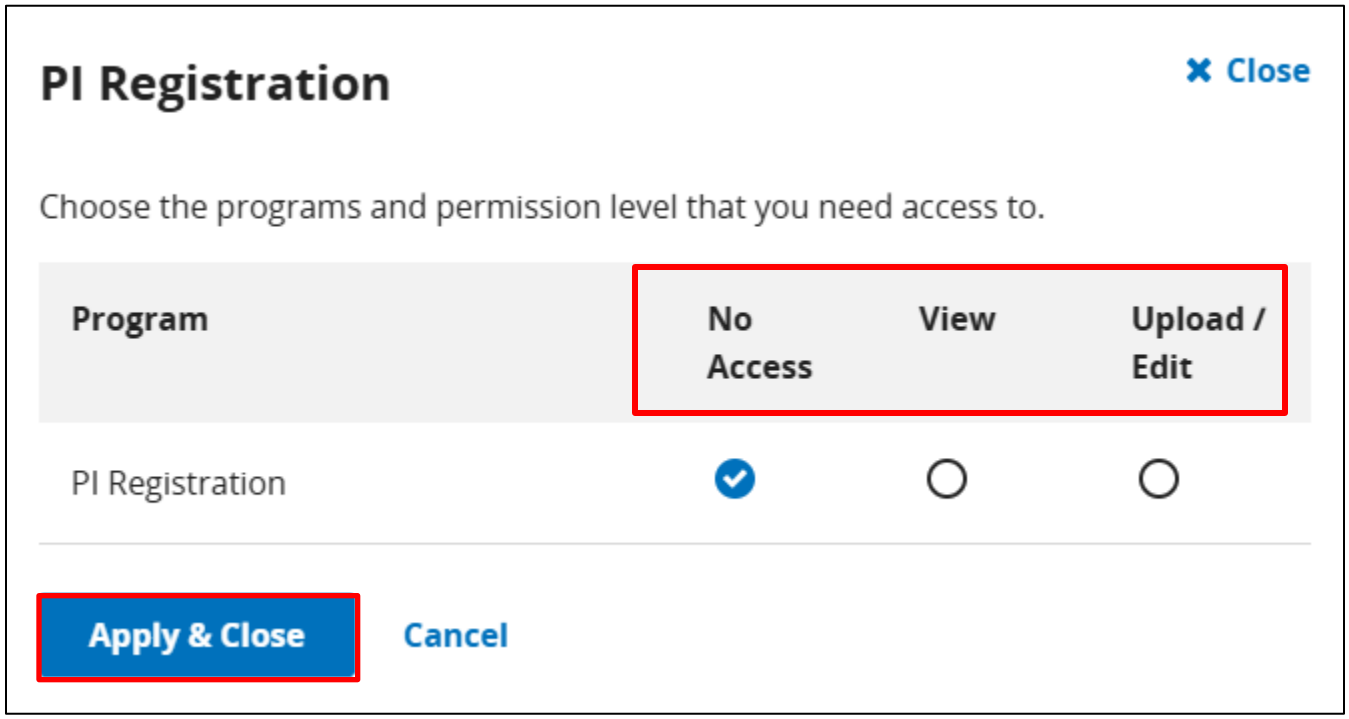




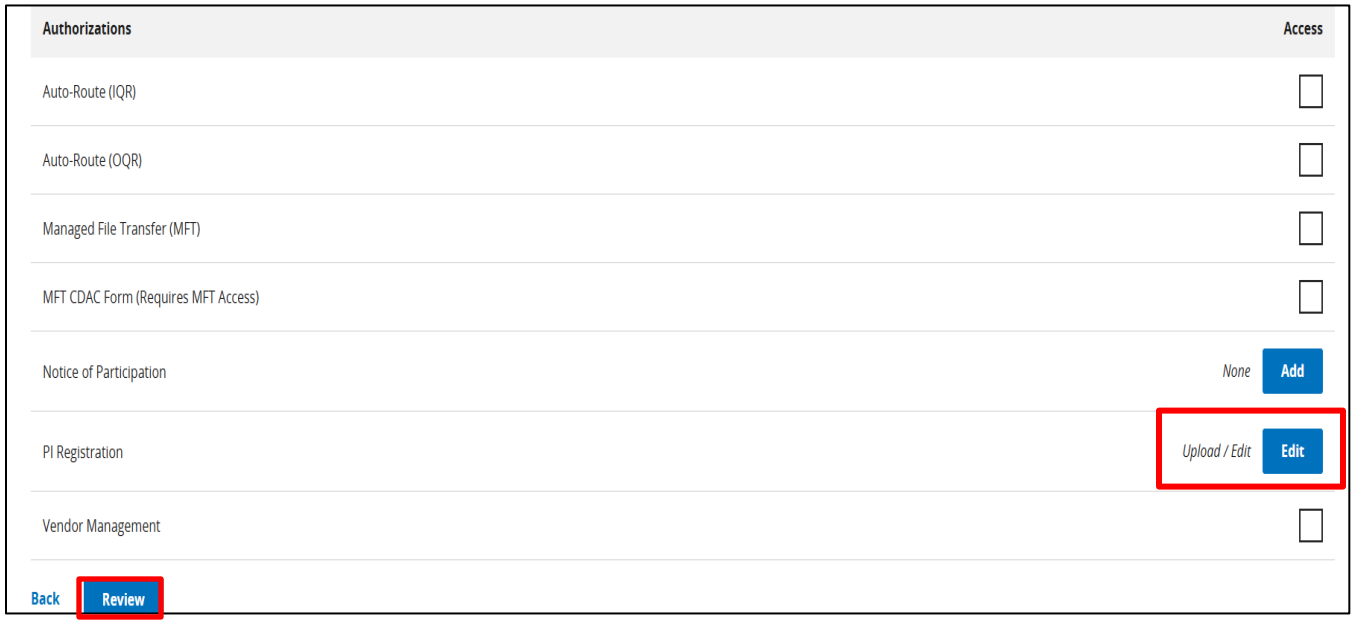
Step 7: Under Authorizations, click Add to view or upload/edit PI Registration.



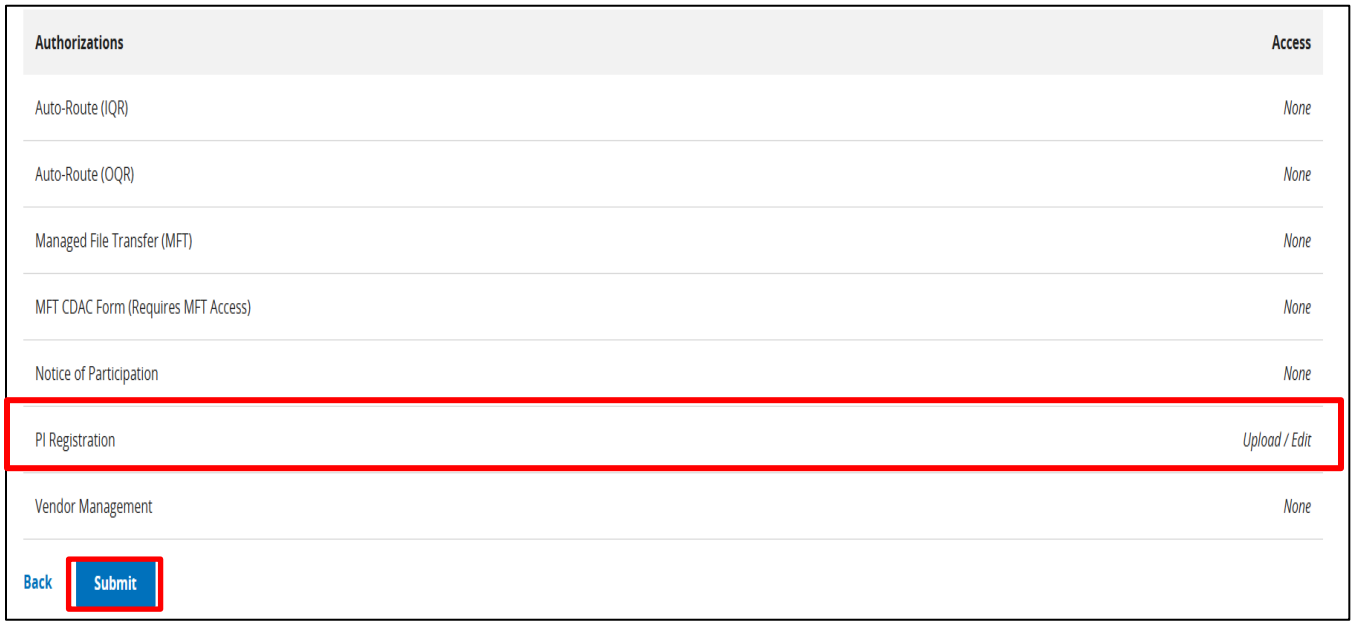
Step 8: Select your permission level. Then, click Apply & Close.



Step 9: Scroll to the bottom of the page and click Review.



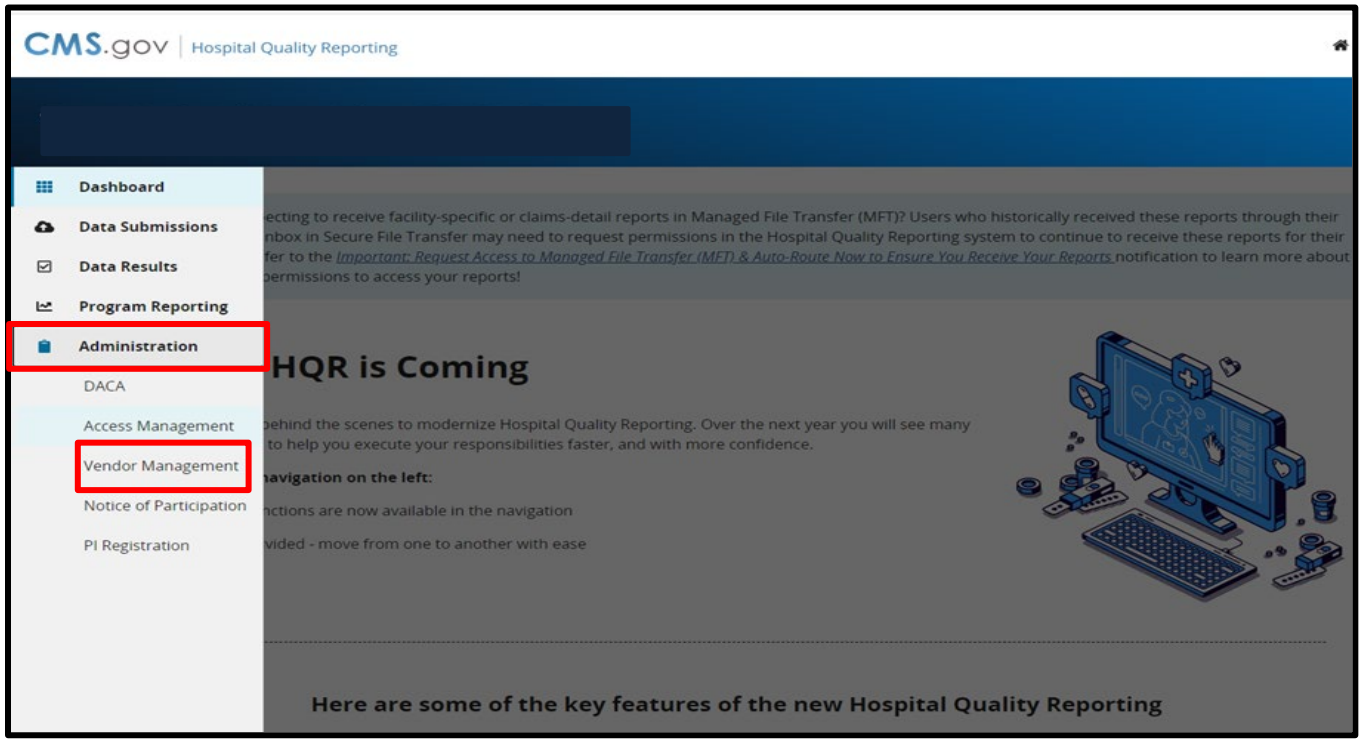
Step 10: Review your Access Request for accuracy. Then, click Submit.



V. Review, Add and/or Modify Vendor Permissions

Vendor(s) must be authorized to submit eCQM data on the hospital's behalf.

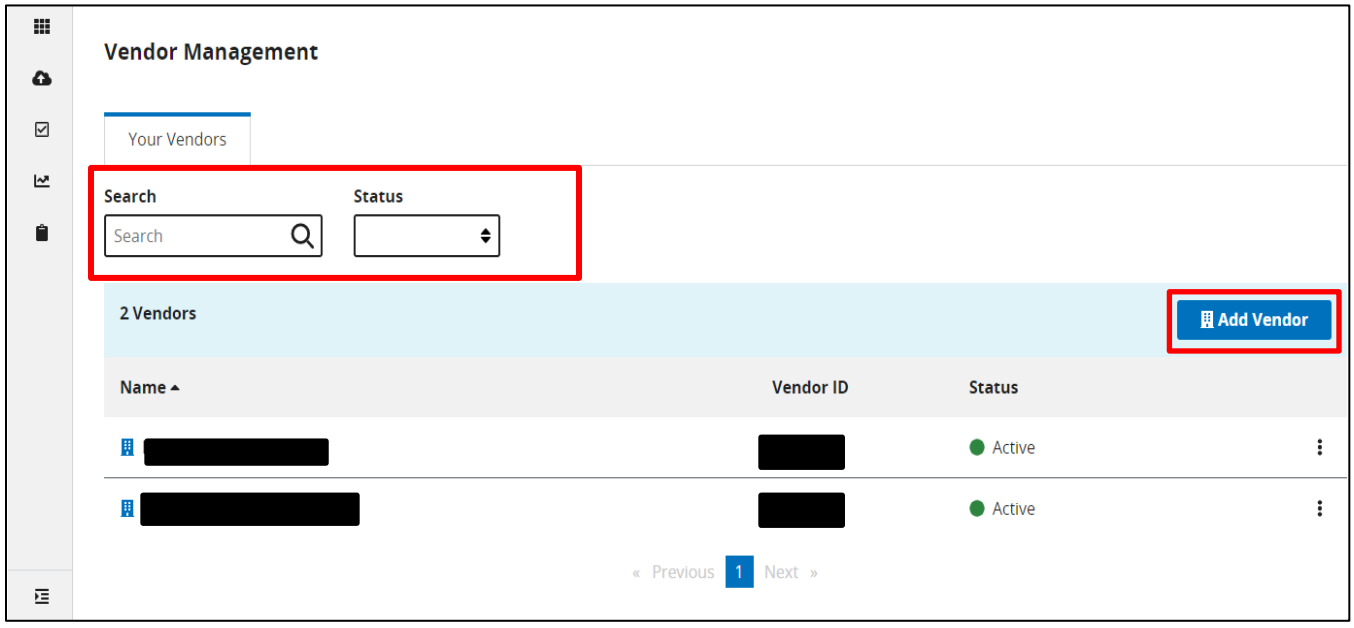
Step 1: From the landing page, click Administration and select Vendor Management.



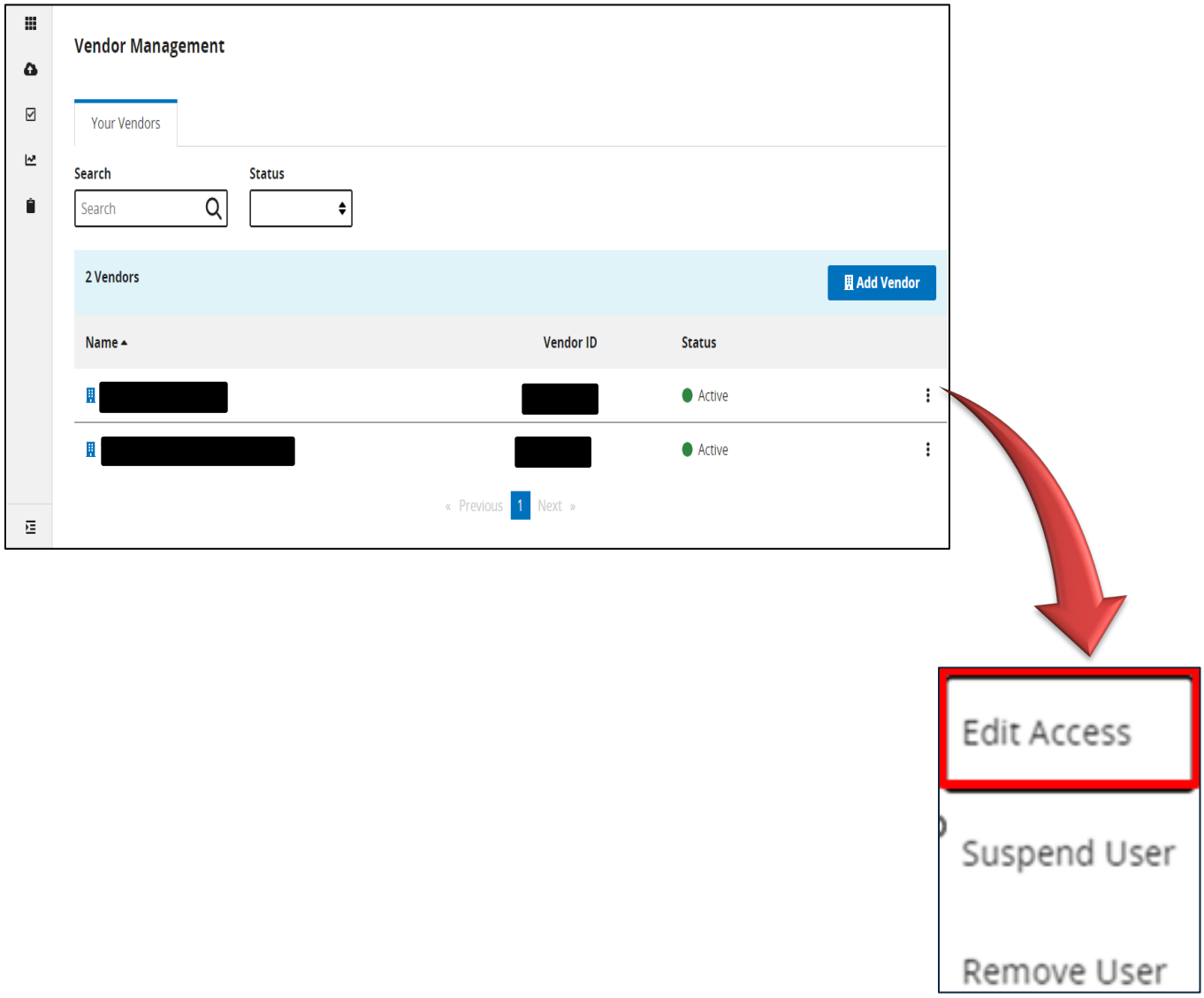
Step 2: Search for a new vendor and click Add Vendor.

Important: The HQR system will only display vendor(s) assigned with the eCQM role. If you are unable to add your vendor, contact the CCSQ Service Center for assistance.

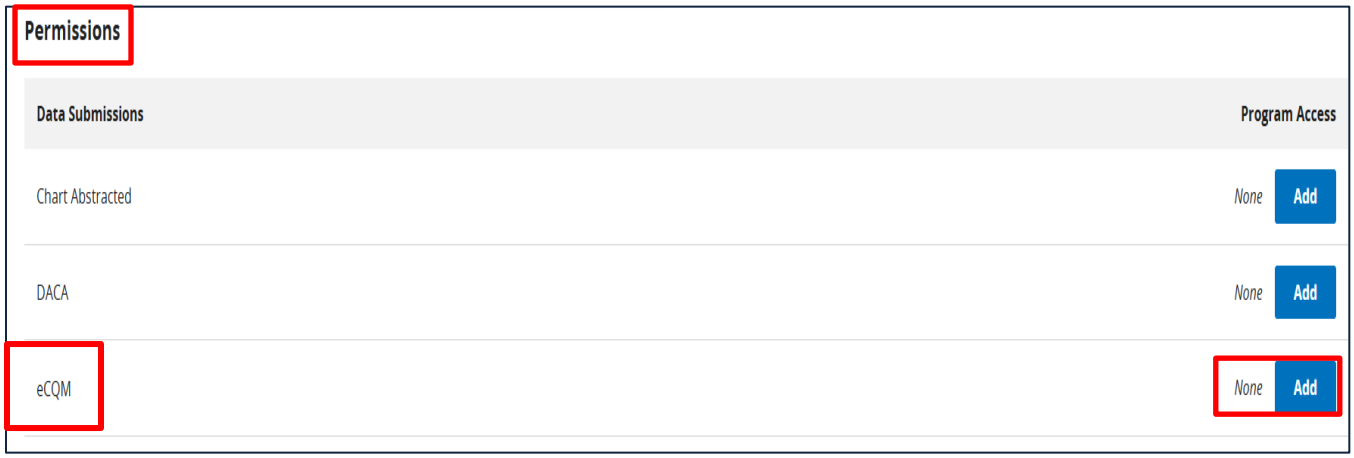
Tip: Visit the HQR YouTube playlist for additional assistance on adding a new vendor.



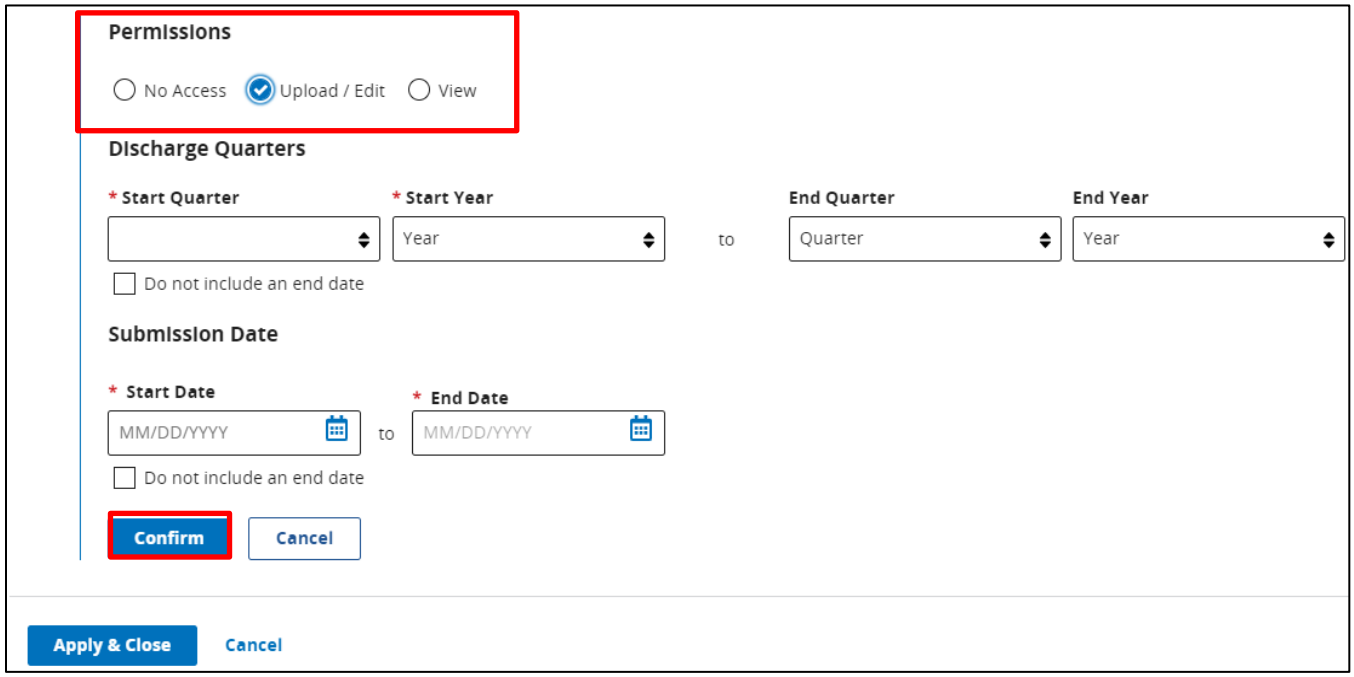
Step 3: Click the three vertical dots menu to allow the vendor to submit eCQM data on the hospital's behalf. Then, select Edit Access.



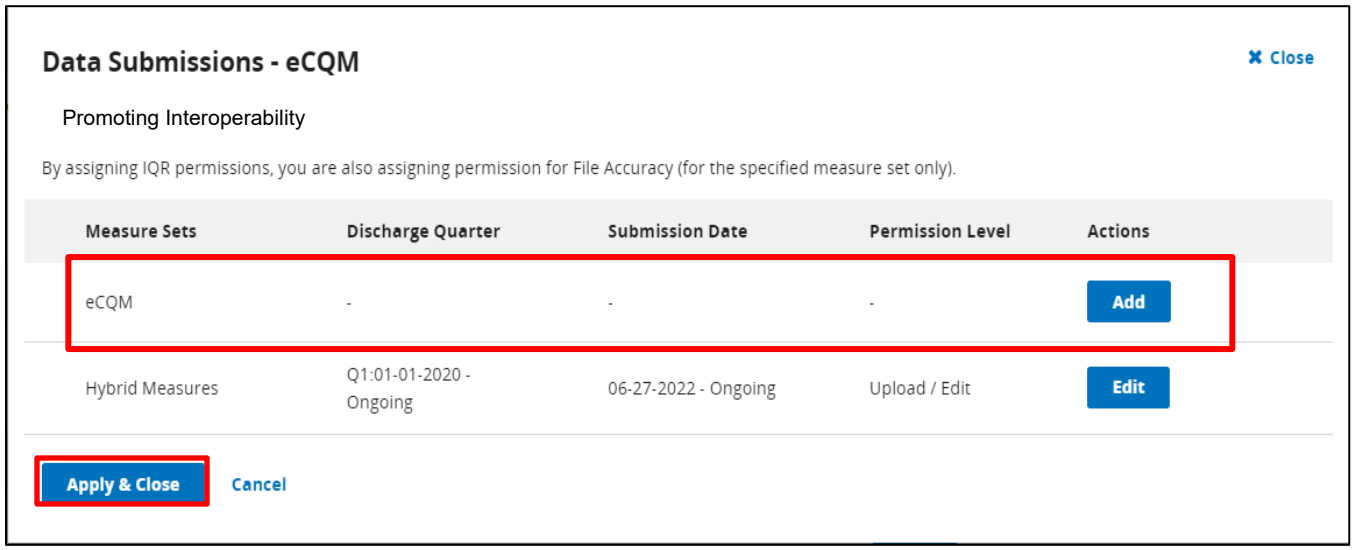
Step 4: Under each Permission Type, click Add next to eCQM.



Step 5: Select the permission level. Complete the Discharge Quarters and Submission Date fields. Then, click Confirm.



Step 6: Click Apply & Close. For additional changes, click edit and then click Apply & Close.



Step 7: Scroll to the bottom of the page and click Review.

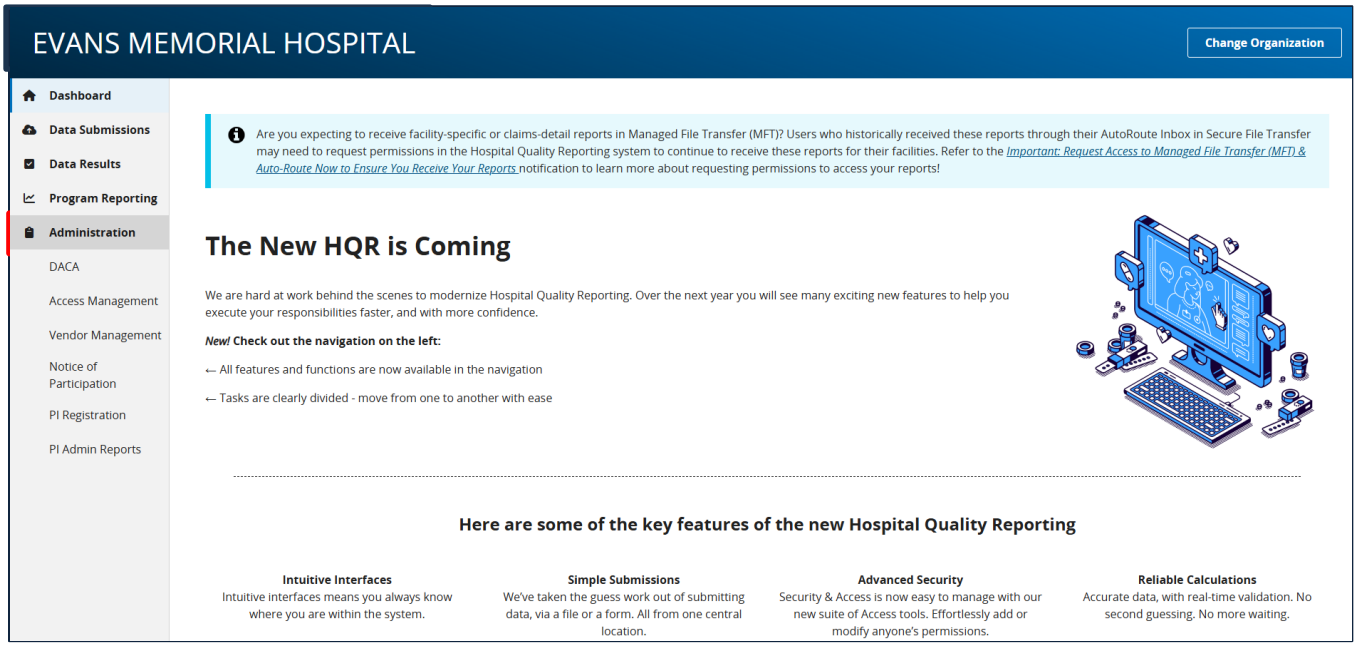
Step 8: Click Save & Close.

VI. Promoting Interoperability Registration

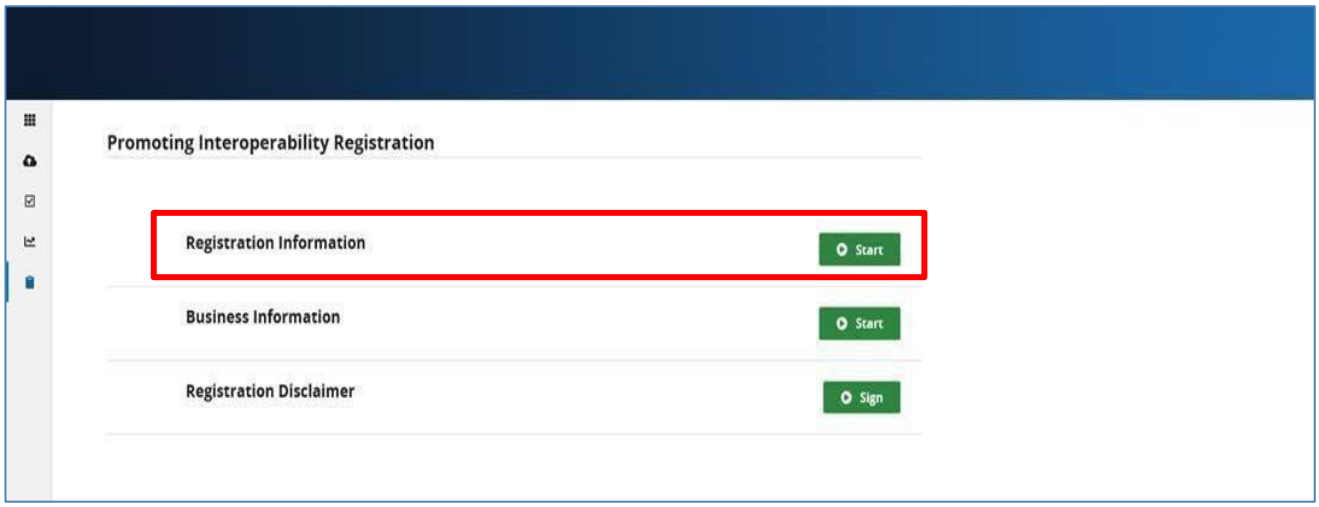
New eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to initially complete the following three sections: *Registration Information, Business Information, and Registration Disclaimer* on the Promoting Interoperability Registration page to begin submitting data for the Medicare Promoting Interoperability Program. Existing users can review and/or edit these fields, as necessary.

A. Registration Information

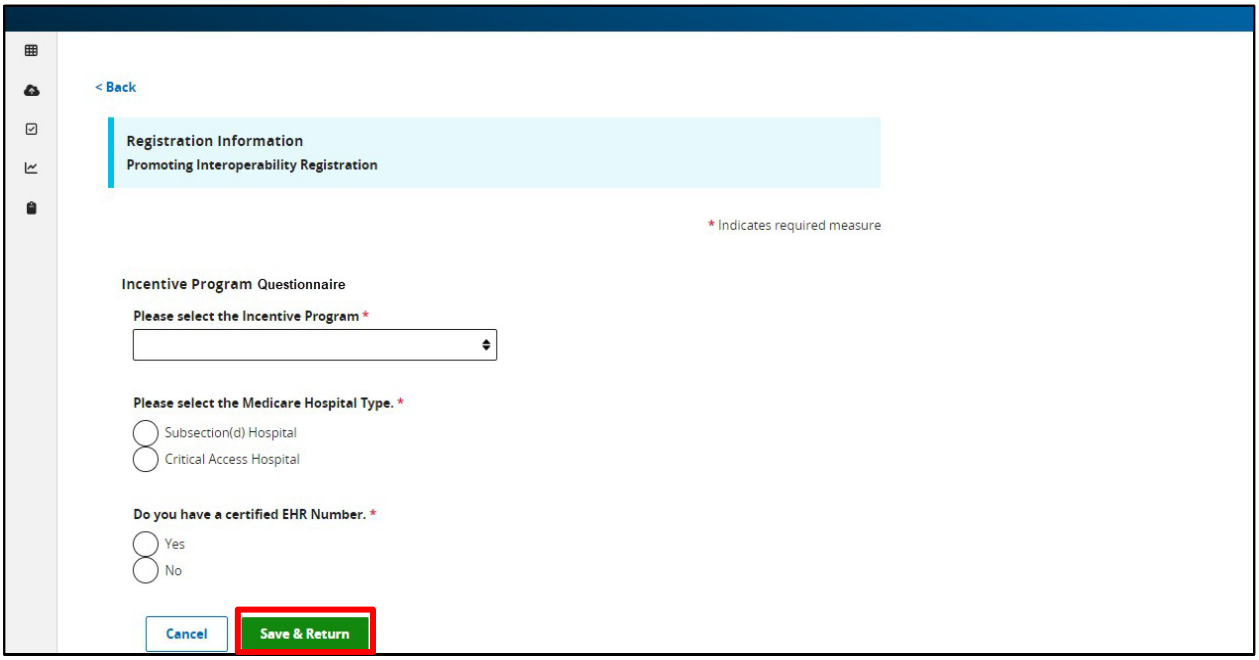
Step 1: From the landing page, select Administration. Then, select Promoting Interoperability (PI) Registration.



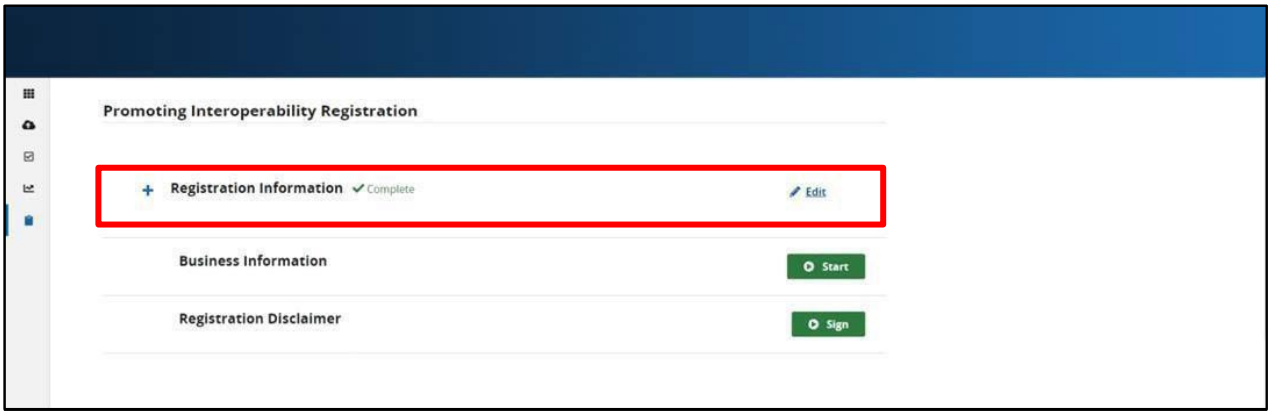
Step 2: On the next page, click the green Start button to complete the Registration Information.



Step 3: Complete the required fields. Then, click Save & Return.

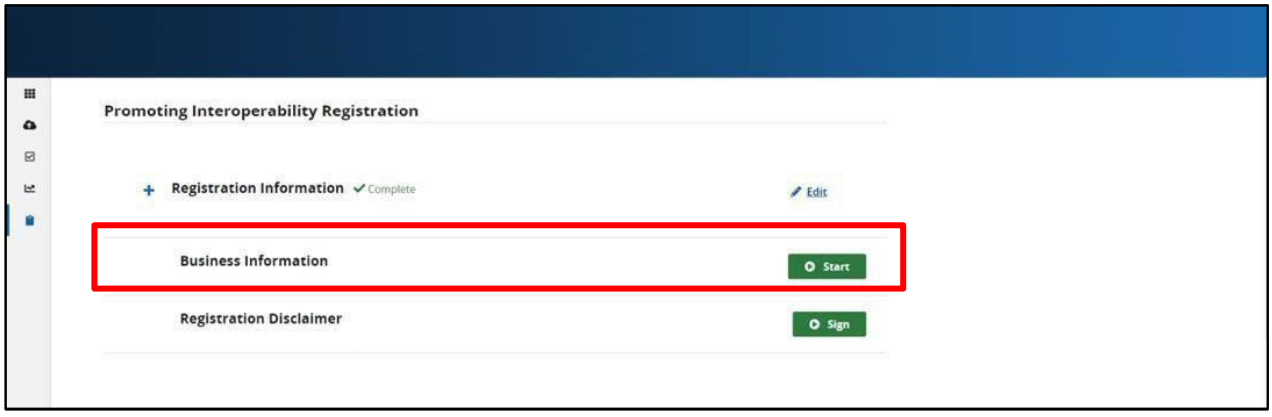


Step 4: Confirm and/or Edit the Registration Information.

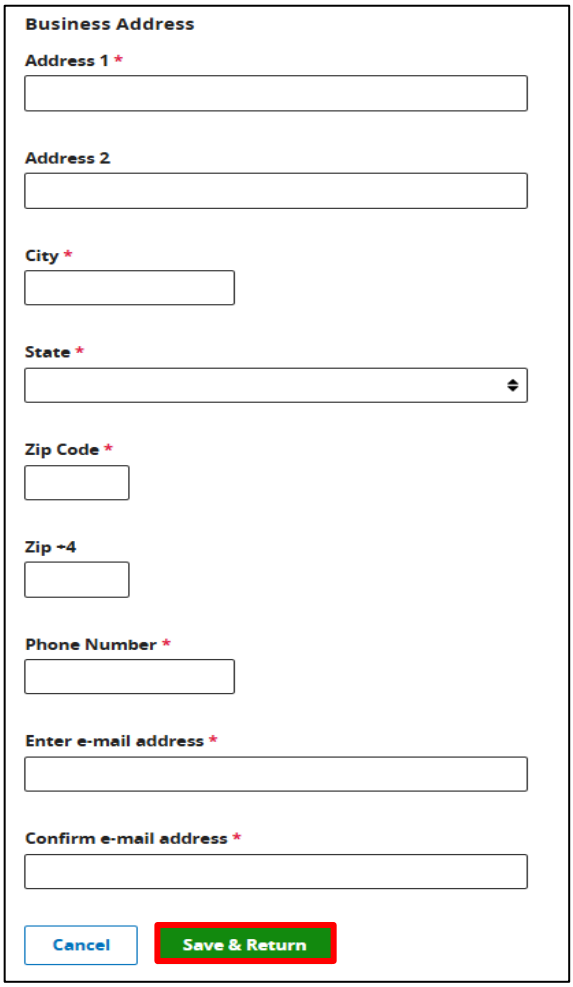


B. Business Information

Step 1: Click the green Start button to complete the Business Information.



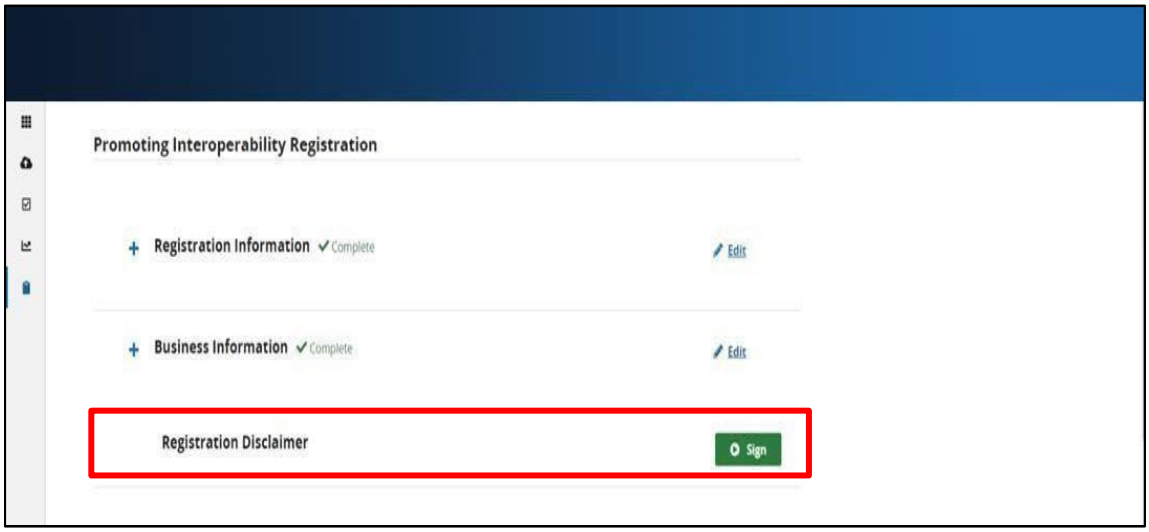
Step 2: Complete the required fields. Then, click Save & Return.



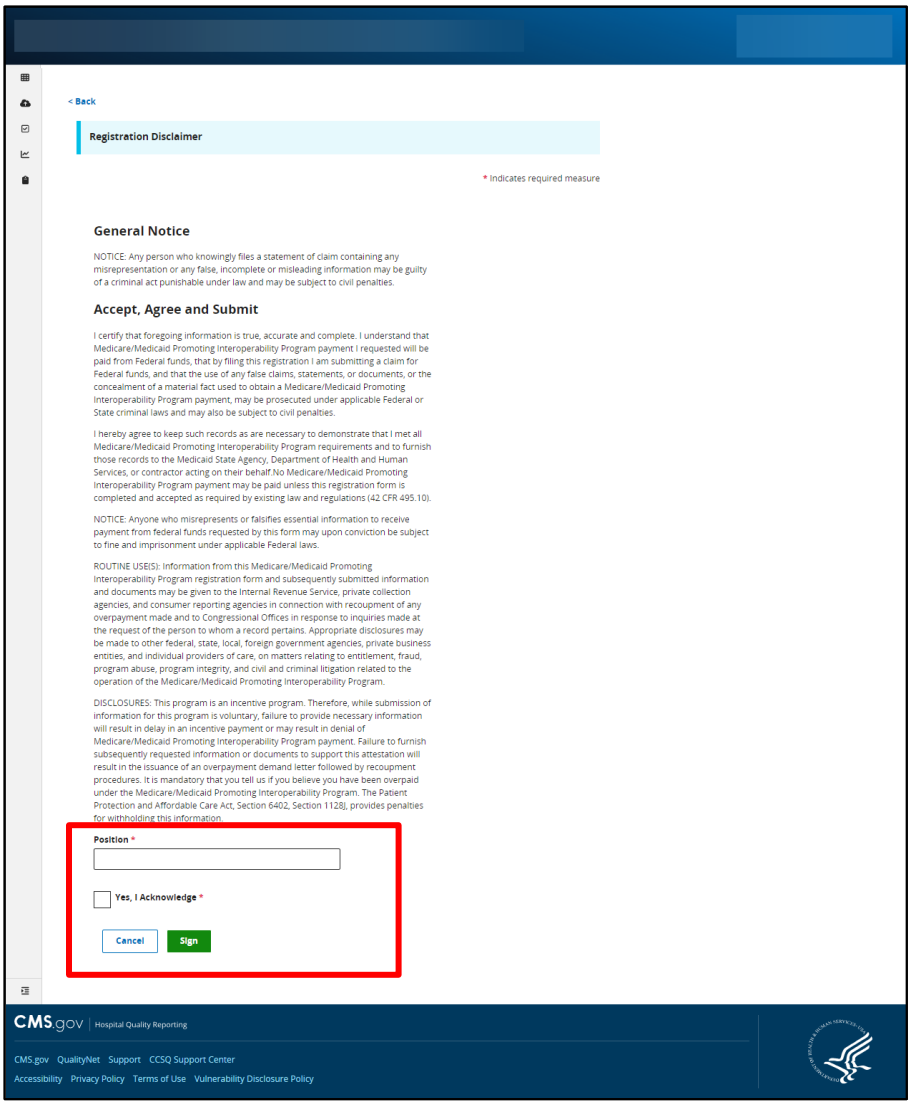
Step 3: Confirm and/or Edit the Business Information.

C. Registration Disclaimer

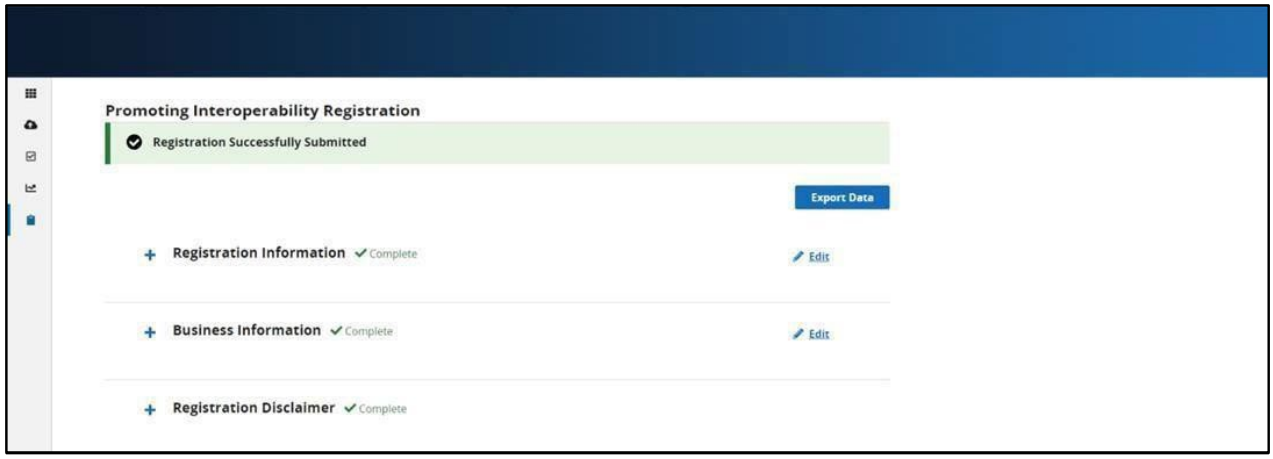
Step 1: Click the green Sign button to complete the Registration Disclaimer.



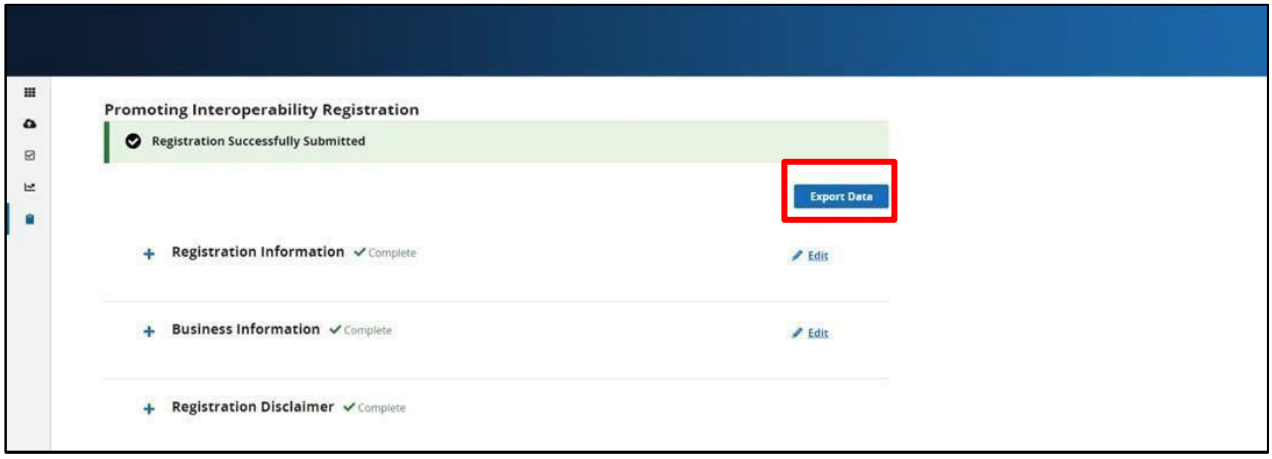
Step 2: Read and acknowledge the disclaimer. Complete the position field and click Sign.



Step 3: Verify the Promoting Interoperability Registration information is complete. A green banner will display noting that registration has been successfully submitted.



Step 4: Click the Export Data button to view the Promoting Interoperability Registration Summary as a PDF.

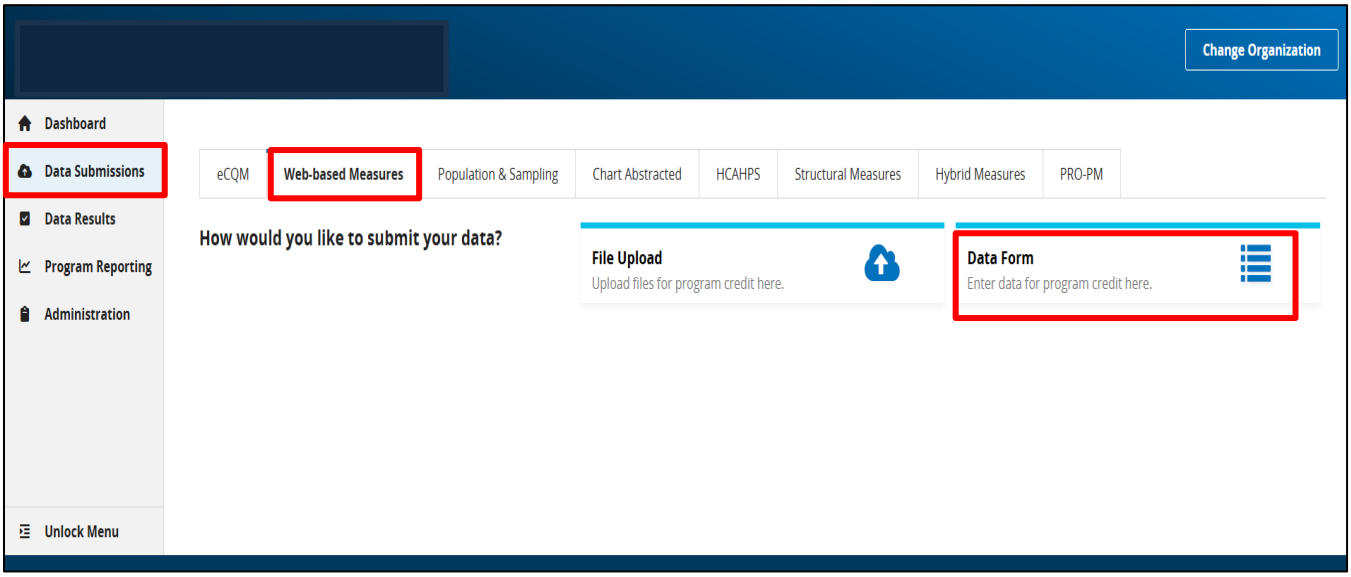


VII. Web-Based Measure Data Submissions

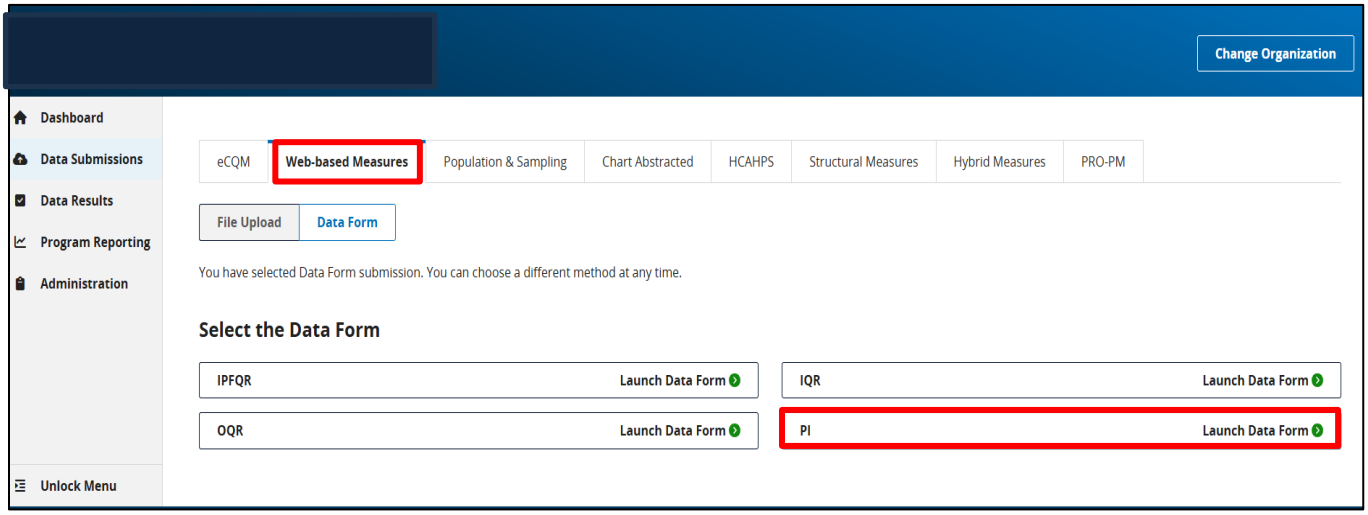
A. Attestation Information/Disclaimer

The tabs displayed may vary depending on the user's permissions.

Step 1: From the landing page under Data Submissions, click on the Web-based Measures tab and select Data Form.



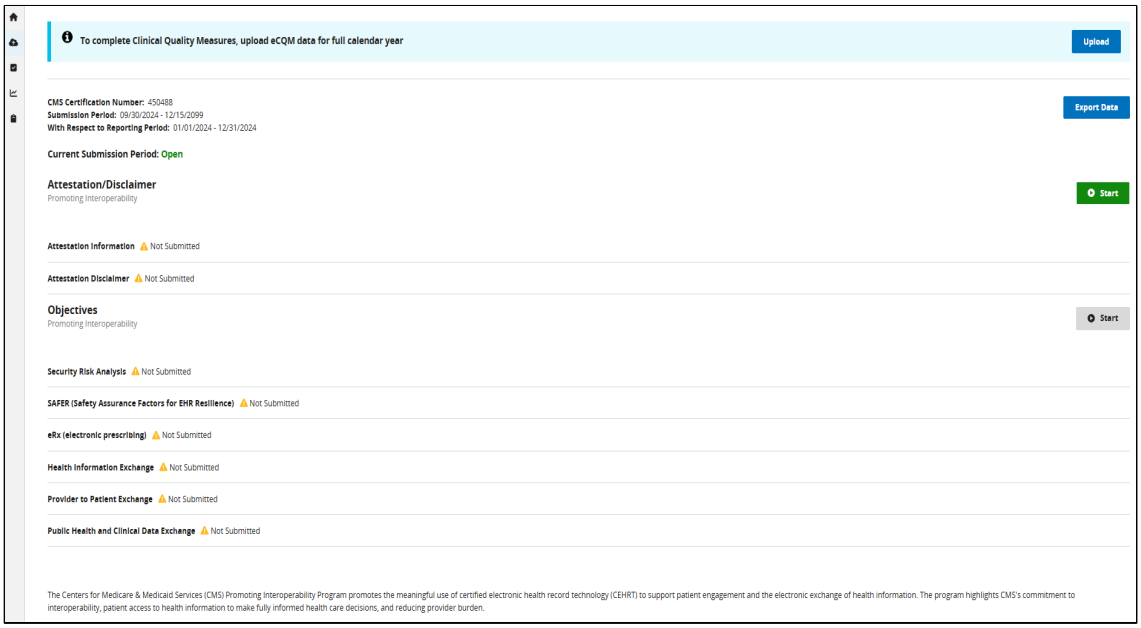
Step 2: Launch the PI Data Form.



Step 3: Click on the green Start button to complete the Attestation Information and Attestation Disclaimer. A blue banner will continually display reminding users to upload eCQM data as any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations and case threshold exemptions. For detailed eCQM submission instructions, refer to the CY 2025 QRDA I Submission Checklist.

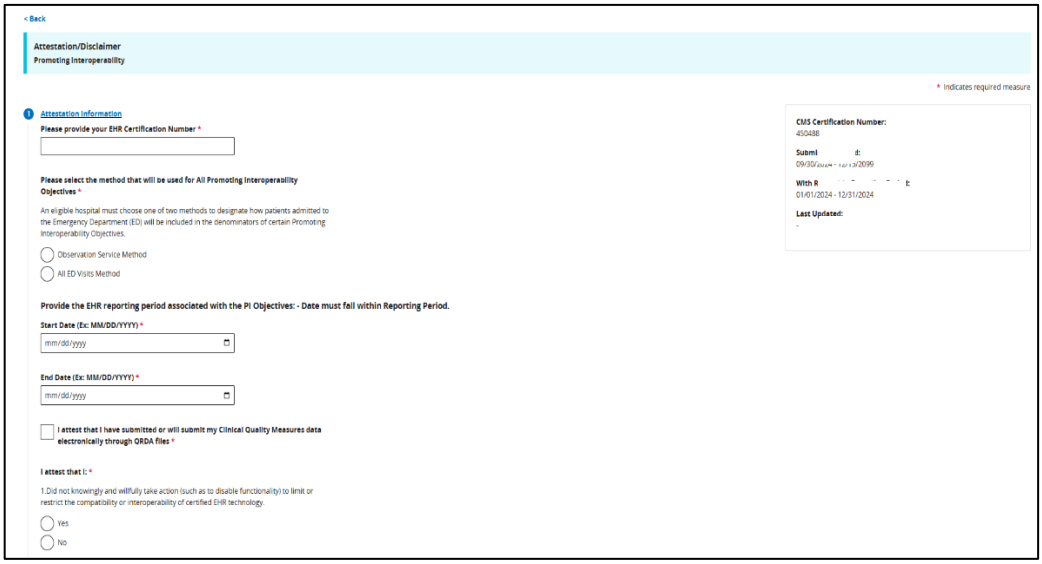
Note: The Program Year will default to the current reporting period.

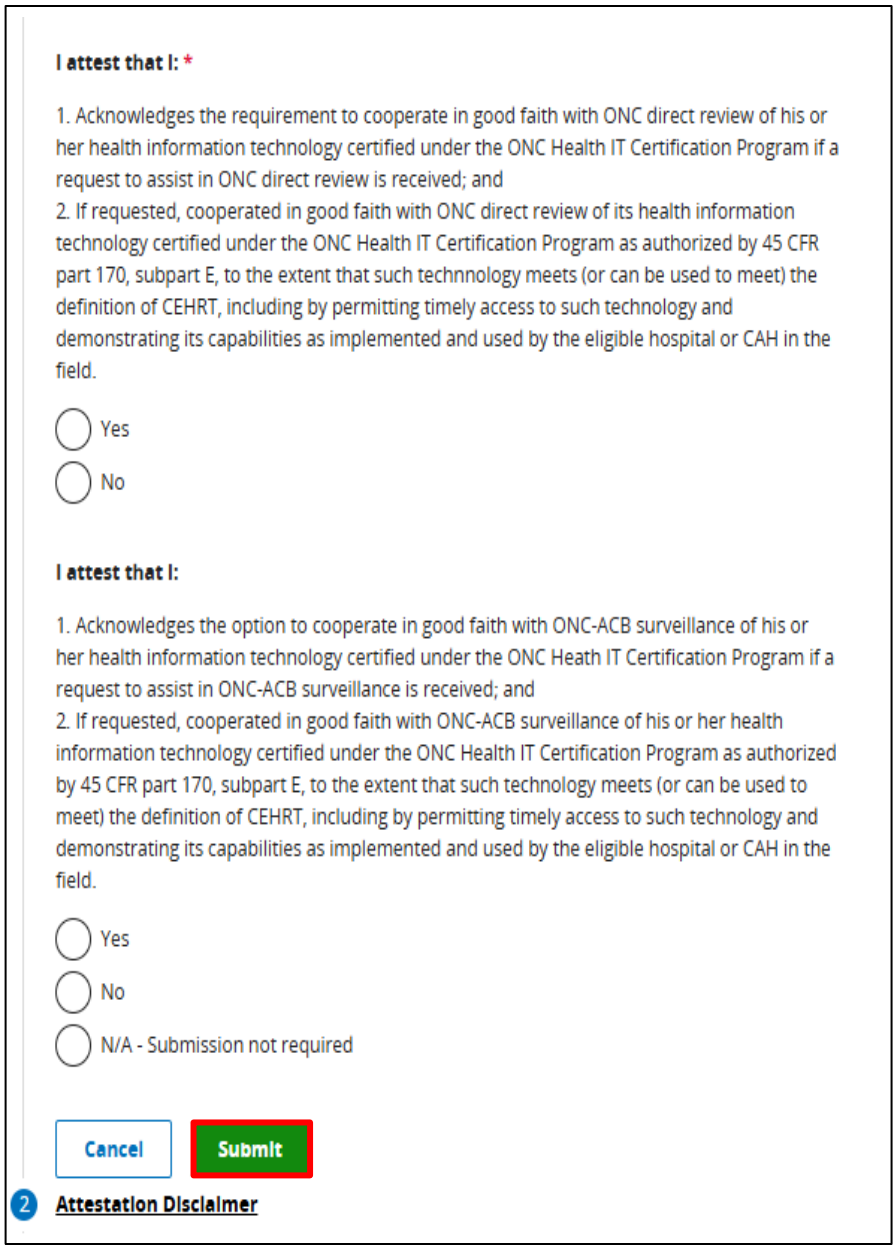
Important: If the required registration fields are incomplete, a banner will display indicating the Promoting Interoperability (PI) Registration is required prior to beginning the Attestation/Disclaimer information.



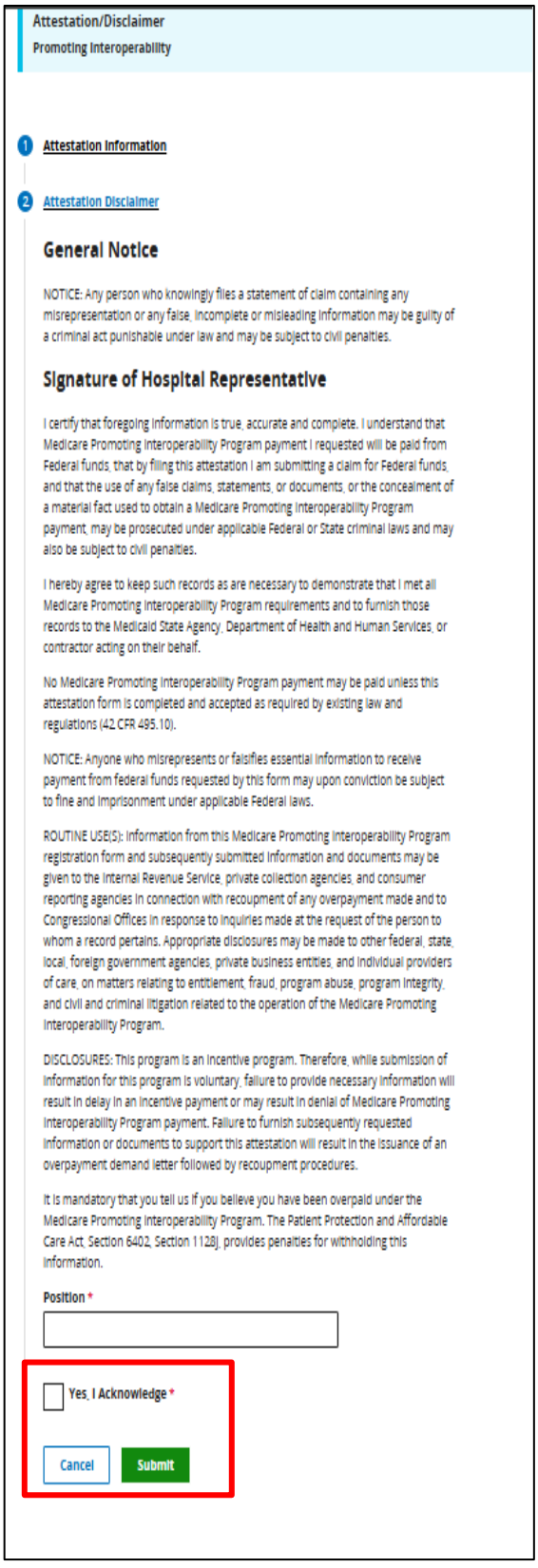
Step 4: Complete the Attestation Information fields and click Submit.

Important: To generate the CMS EHR Certification Identification Number, visit the ONC Certified Health Information Technology Product List website. For CY 2025 reporting, the CMS EHR Certification ID must start with “2025C”.





Step 5: Read and acknowledge the disclaimer. Complete the position field and click Submit.


Attestation/Disclaimer
Promoting Interoperability
1 Attestation Information
2 Attestation Disclaimer
General Notice
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.
Signature of Hospital Representative
I certify that foregoing information is true, accurate and complete. I understand that Medicare Promoting Interoperability Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare Promoting Interoperability Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.
I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare Promoting Interoperability Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.
No Medicare Promoting Interoperability Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).
NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.
ROUTINE USE(S): Information from this Medicare Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare Promoting Interoperability Program.
DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare Promoting Interoperability Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.
It is mandatory that you tell us if you believe you have been overpaid under the Medicare Promoting Interoperability Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.
Position *
Yes, I Acknowledge *
Cancel
Submit

B. Objectives and Measures Information

Each objective is made up of one or more measures consisting of one or more required questions. Some questions are part of a question hierarchy, meaning additional questions may appear depending on how the previous question was answered. A question hierarchy exists when the leading question is an Exclusion question. You will see the word Exclusion at the beginning of these questions.

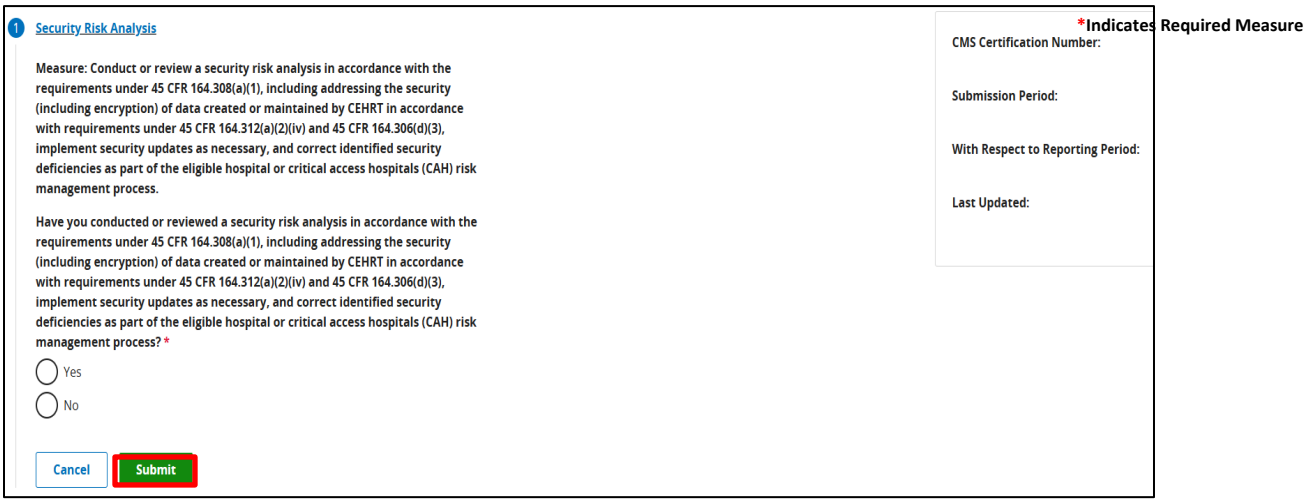
Answers are required for all displayed questions. The HQR system will not allow users to submit an objective unless all required measures have been completed.

The following screen shots will walk through examples of how the objectives will be displayed and the order in which they will appear.

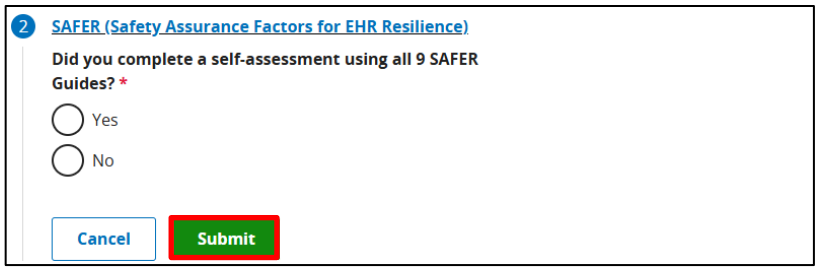
Step 1: Click the green Start button to submit measure data for the required objectives.

Important: Users are required to complete the Attestation Information/Disclaimer prior to completing the Objectives.

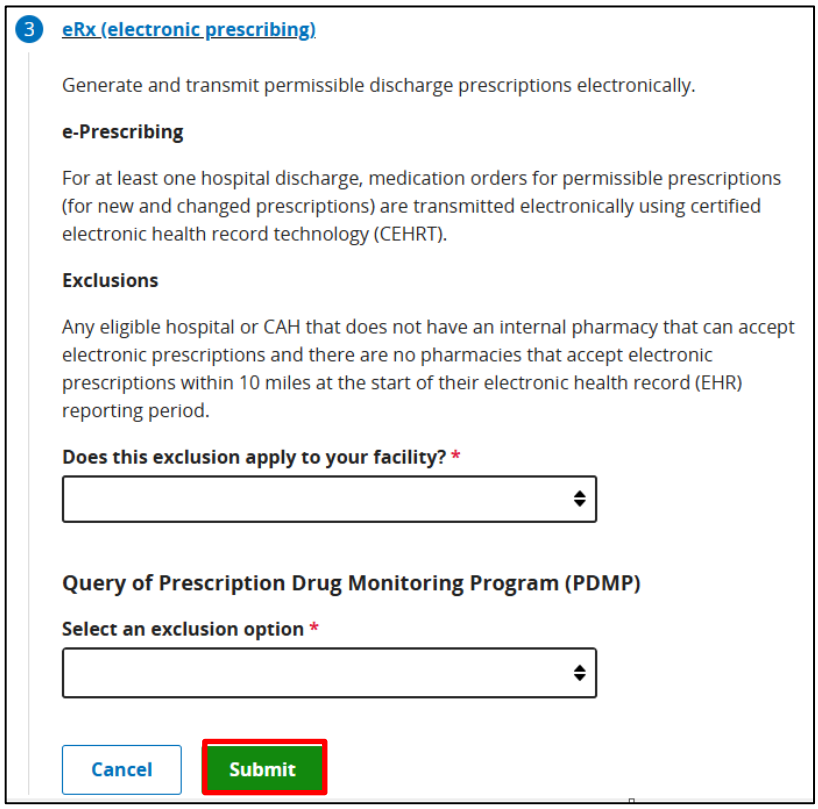
Step 2: Complete the Security Risk Analysis measure and click Submit.



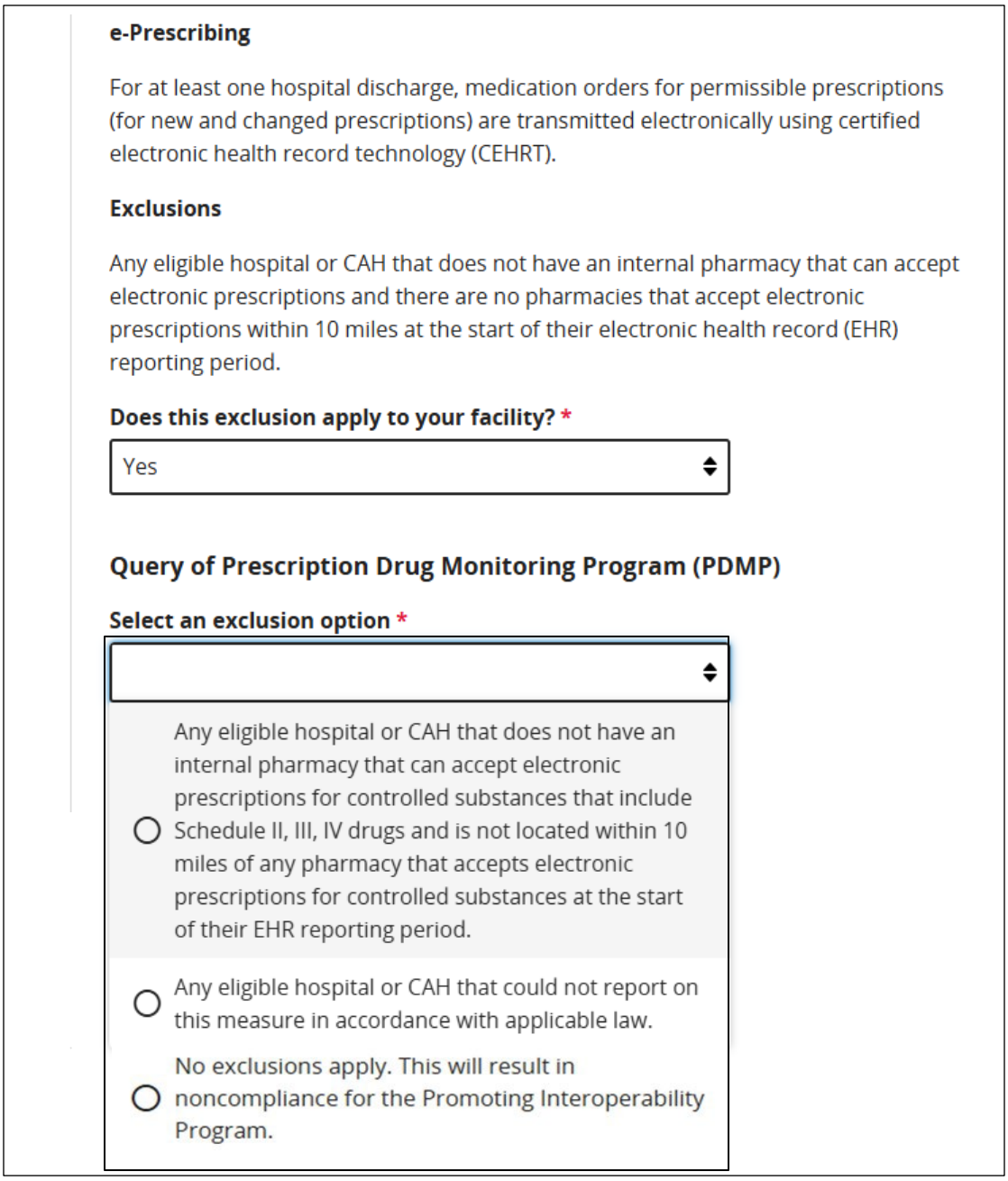
Step 3: Complete the SAFER Guides measure and click Submit.



Step 4: Complete the eRx (electronic prescribing) Objective and exclusions, if applicable. Then, click Submit.

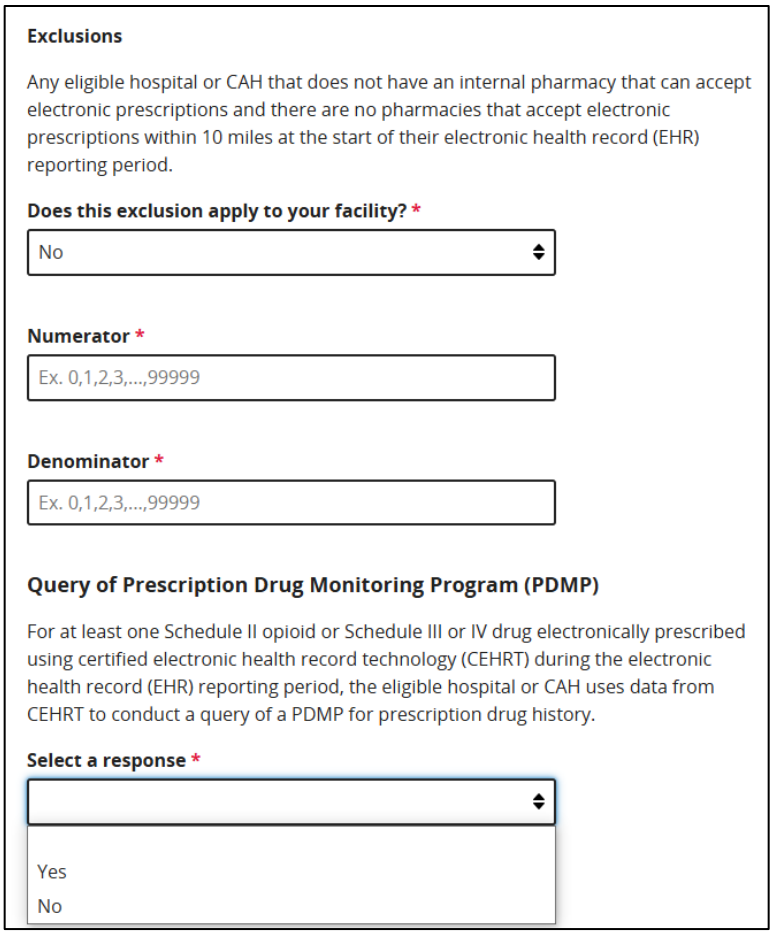


Step 4a: If an exclusion applies to your facility, select an exclusion option under the Query of PDMP measure.

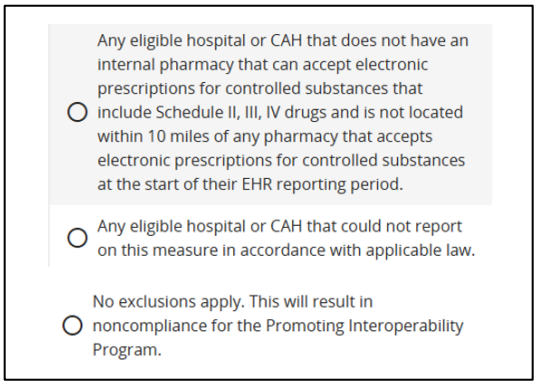


Step 4b: If an exclusion does not apply to your facility, enter the numerator and denominator for the e-Prescribing measure.

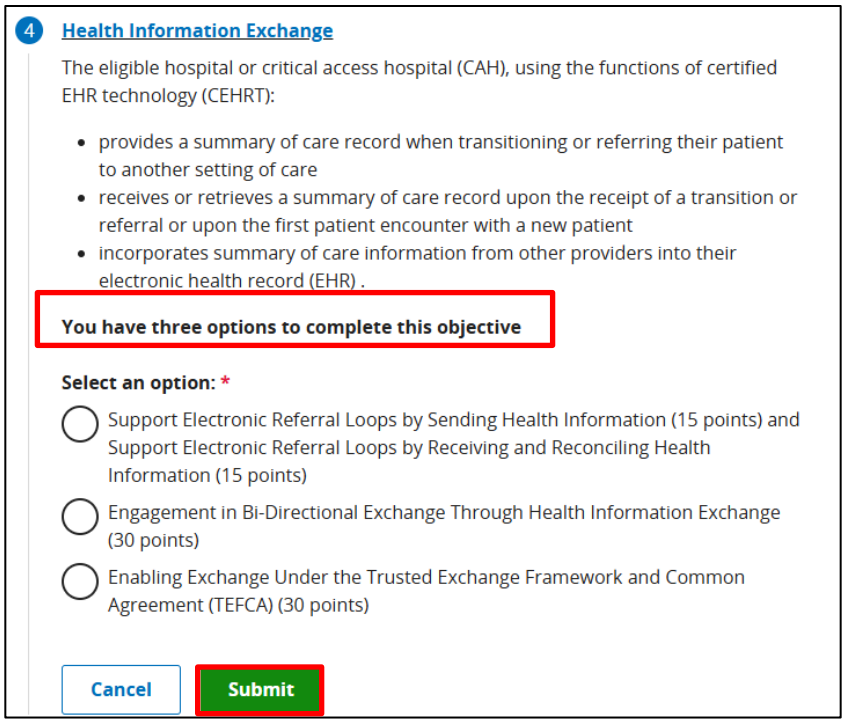
Important: A response is required for the Query of PDMP measure.



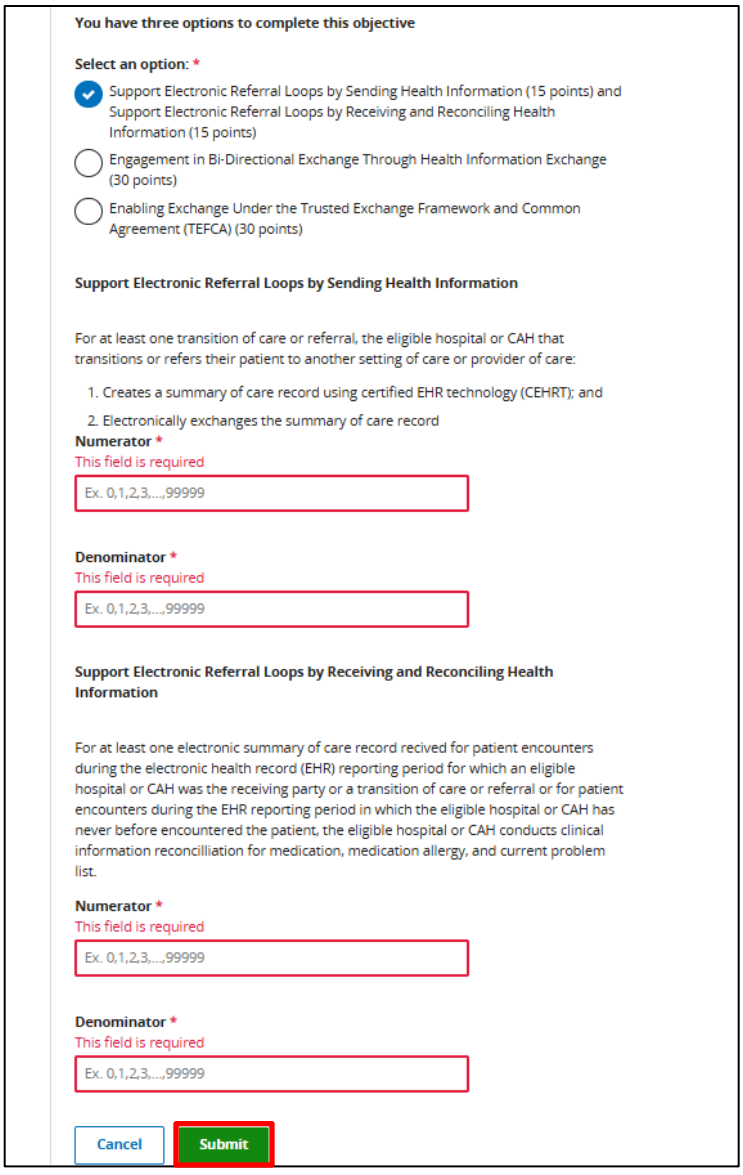
If you select No under PDMP, select an exclusion option:



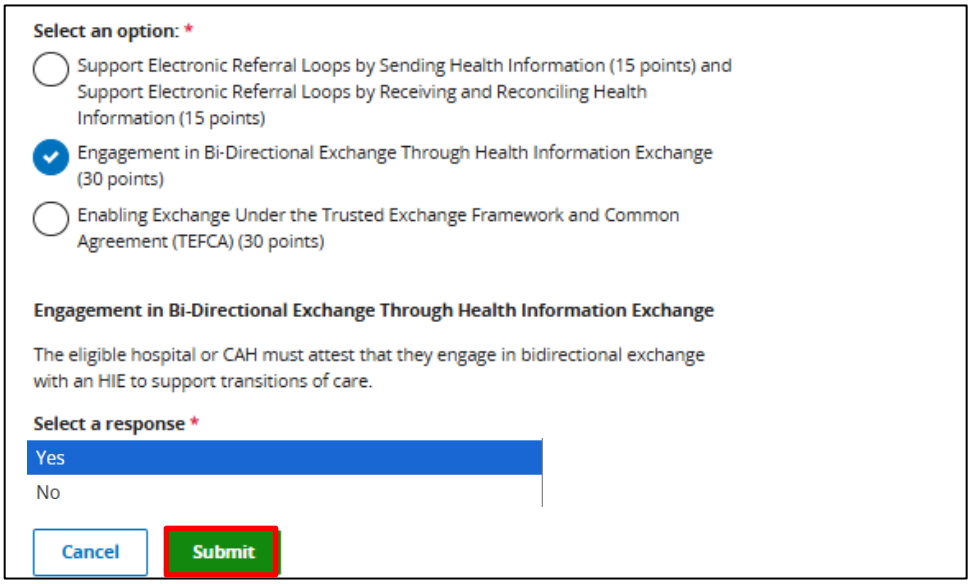
Step 5: Select one of the three reporting options to complete the Health Information Exchange (HIE) Objective. Then, click Submit.



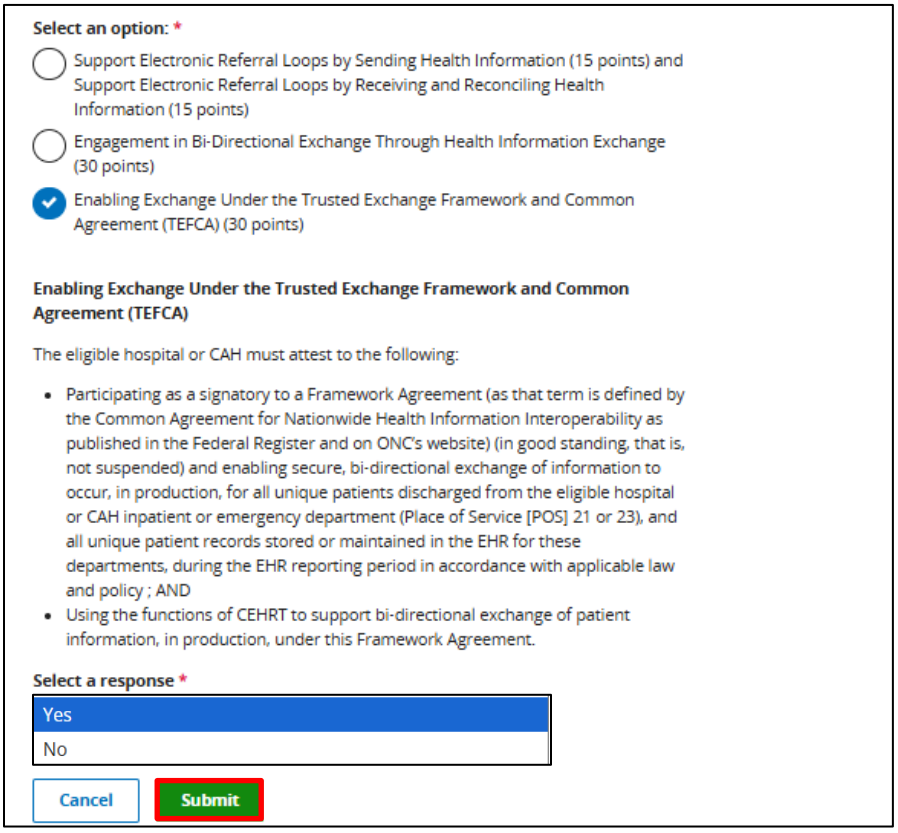
Step 5a: If the user selects option one, enter the numerator and denominator for the Support Electronic Referral Loops by Sending Health Information measure and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure. Then, click Submit.


You have three options to complete this objective
Select an option: *
Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)
Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)
Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)
Support Electronic Referral Loops by Sending Health Information
For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care:
1. Creates a summary of care record using certified EHR technology (CEHRT); and
2. Electronically exchanges the summary of care record
Numerator *
This field is required
Ex. 0,1,2,3,...,99999
Denominator *
This field is required
Ex. 0,1,2,3,...,99999
Support Electronic Referral Loops by Receiving and Reconciling Health Information
For at least one electronic summary of care record recived for patient encounters during the electronic health record (EHR) reporting period for which an eligible hospital or CAH was the receiving party or 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 reconcilliation for medication, medication allergy, and current problem list.
Numerator *
This field is required
Ex. 0,1,2,3,...,99999
Denominator *
This field is required
Ex. 0,1,2,3,...,99999
Cancel
Submit

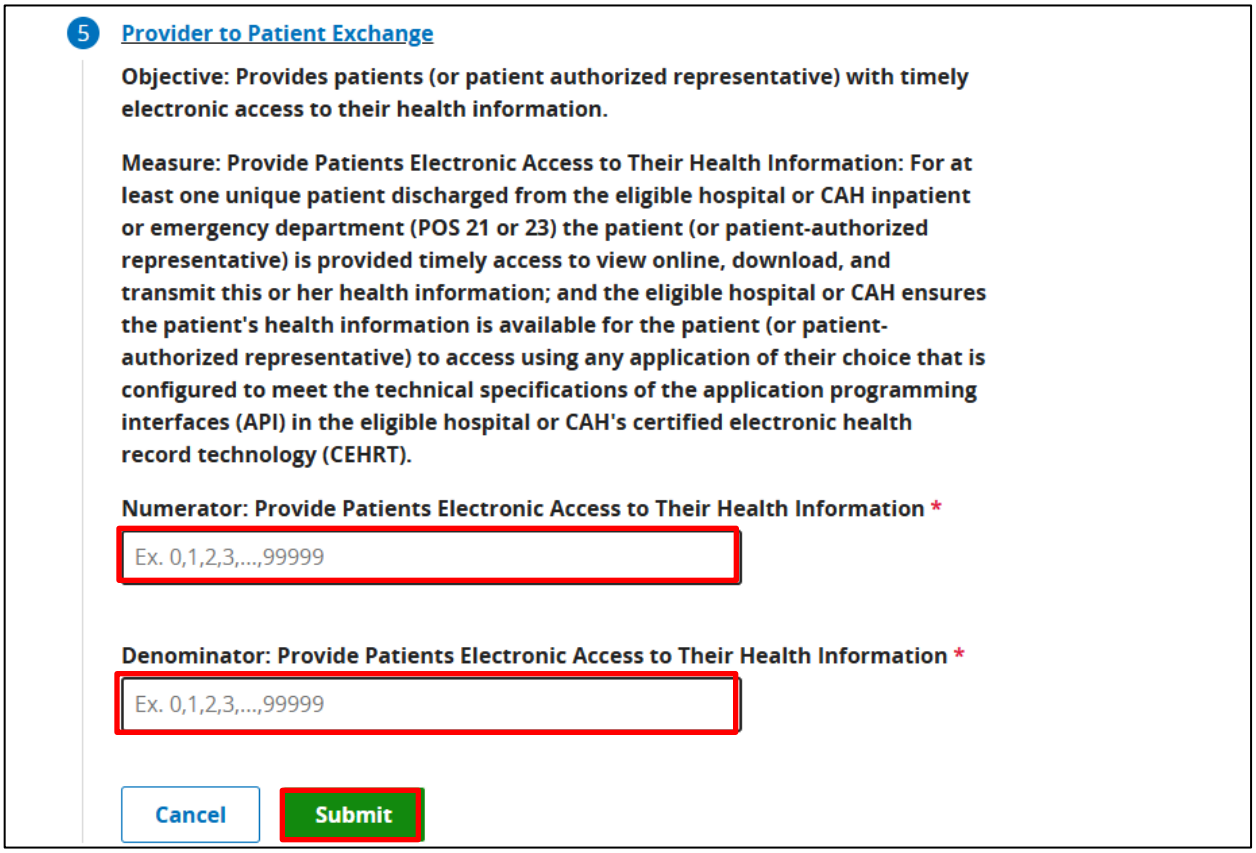
Step 5b: If the user selects option two, select Yes or No from the drop-down box. Then, click Submit.



Step 5c: If the user selects option three, select a Yes or No response from the drop-down box. Then, click Submit.



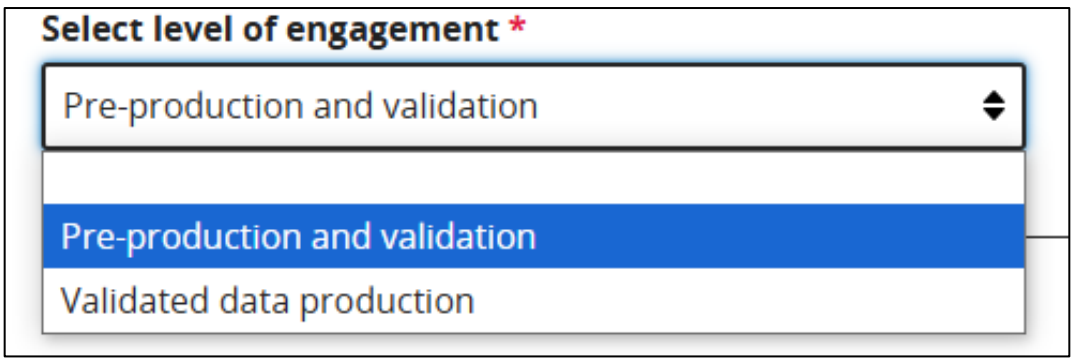
Step 6: Complete the numerator and denominator for the Provider to Patient Exchange Objective. Then, click Submit.

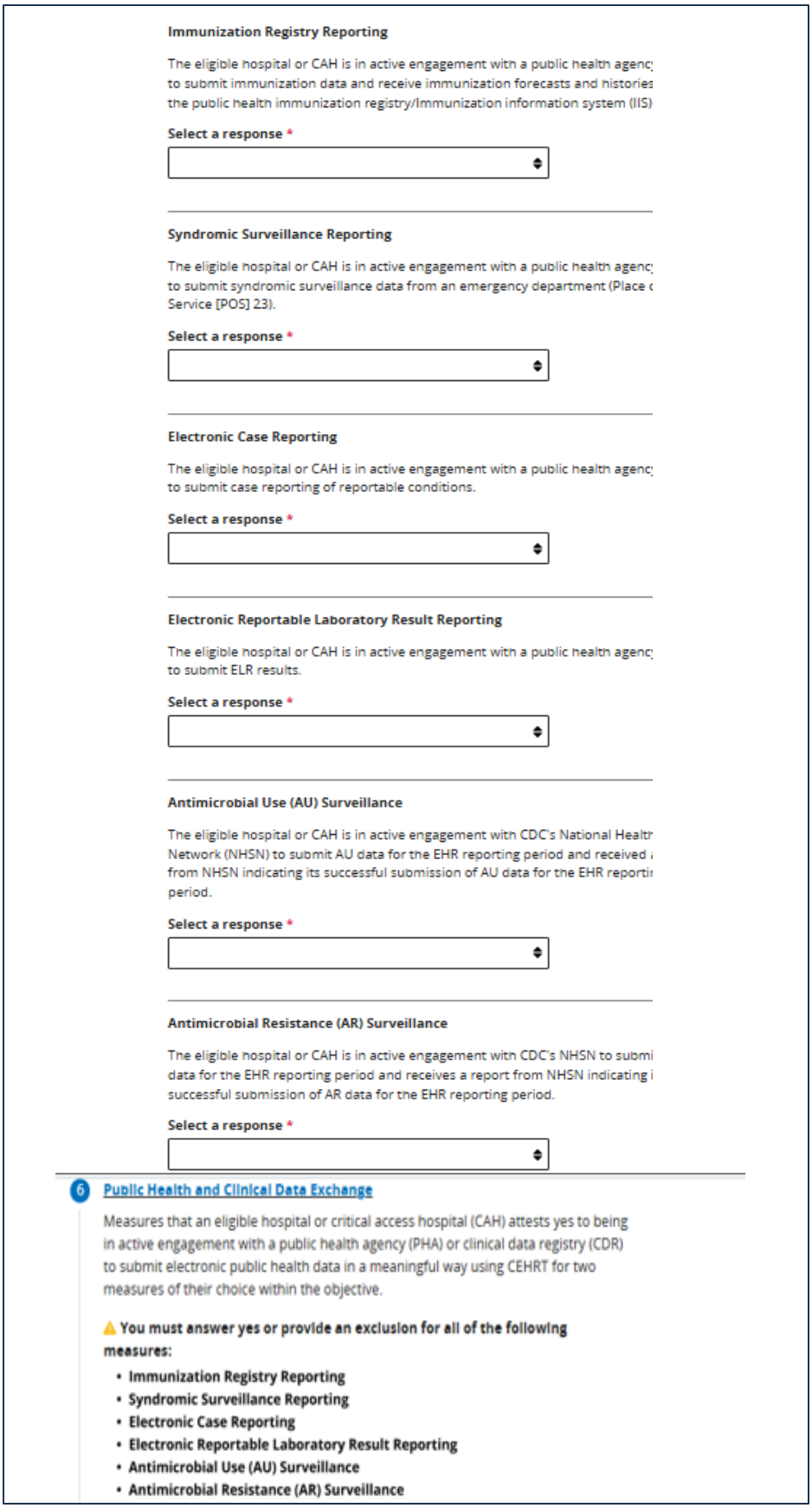


Step 7: Complete all six measures under the Public Health and Clinical Data Exchange Objective. Users are required to answer Yes or provide an exclusion for each measure.

Note: For CY 2025, CMS excluded the eCR measure from scoring. Eligible hospitals and CAHs will receive full credit for the measure by attesting a Yes/No response or by claiming an applicable exclusion. All fields must be complete. A blank response will result in non-compliance.

Important: For each Yes response, a level of active engagement is required for each measure. Eligible hospitals and CAHs may spend only one EHR reporting period in Option 1 (Pre-production and validation) before progressing to Option 2 (Validated data production).





Immunization Registry Reporting

The eligible hospital or CAH is in active engagement with a public health agenc to submit immunization data and receive immunization forecasts and histories the public health immunization registry/Immunization information system (IIS)

Select a response *

Syndromic Surveillance Reporting

The eligible hospital or CAH is in active engagement with a public health agenc to submit syndromic surveillance data from an emergency department (Place Service [POS] 23).

Select a response *

Electronic Case Reporting

The eligible hospital or CAH is in active engagement with a public health agenc to submit case reporting of reportable conditions.

Select a response *

Electronic Reportable Laboratory Result Reporting

The eligible hospital or CAH is in active engagement with a public health agenc to submit ELR results.

Select a response *

Antimicrobial Use (AU) Surveillance

The eligible hospital or CAH is in active engagement with CDC's National Healt Network (NHSN) to submit AU data for the EHR reporting period and received from NHSN indicating its successful submission of AU data for the EHR reporti period.

Select a response *

Antimicrobial Resistance (AR) Surveillance

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

Select a response *

6 **Public Health and Clinical Data Exchange**

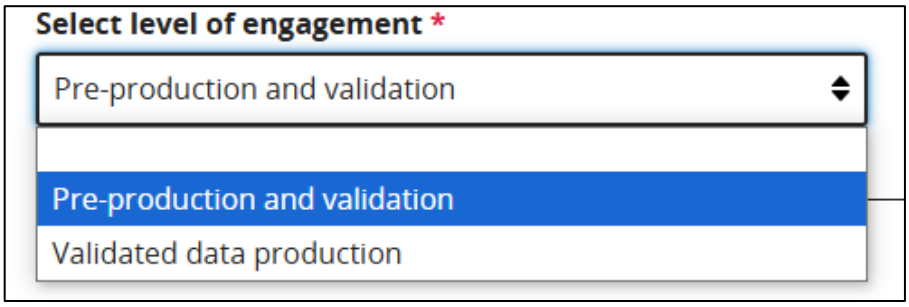
Measures that an eligible hospital or critical access hospital (CAH) attests yes to being in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT for two measures of their choice within the objective.

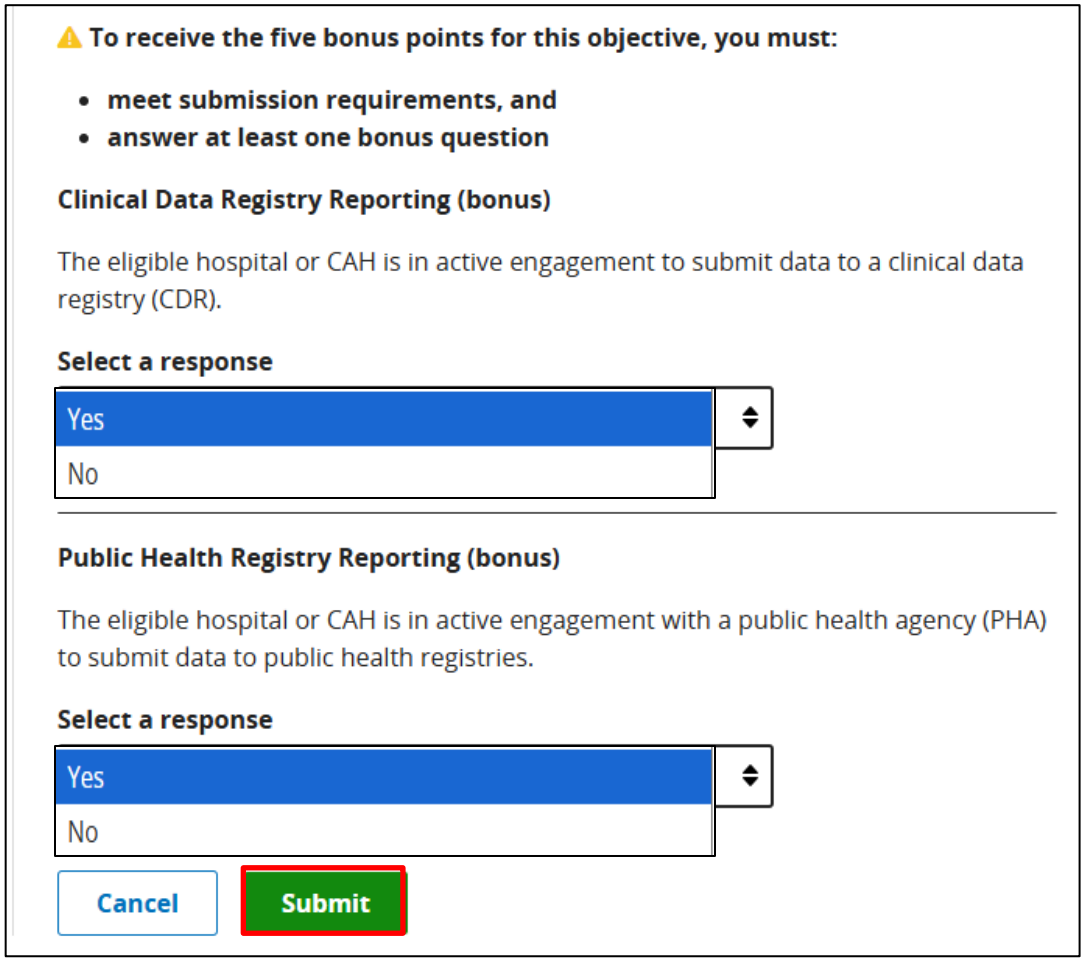
⚠ **You must answer yes or provide an exclusion for all of the following measures:**

- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting**
- **Electronic Case Reporting**
- **Electronic Reportable Laboratory Result Reporting**
- **Antimicrobial Use (AU) Surveillance**
- **Antimicrobial Resistance (AR) Surveillance**

Step 7a: (Optional) Complete one bonus question under the Public Health and Clinical Data Exchange Objective**.** Select a Yes or No response from the drop-down box. Then, click Submit.

Important: For a Yes response, a level of active engagement is required.



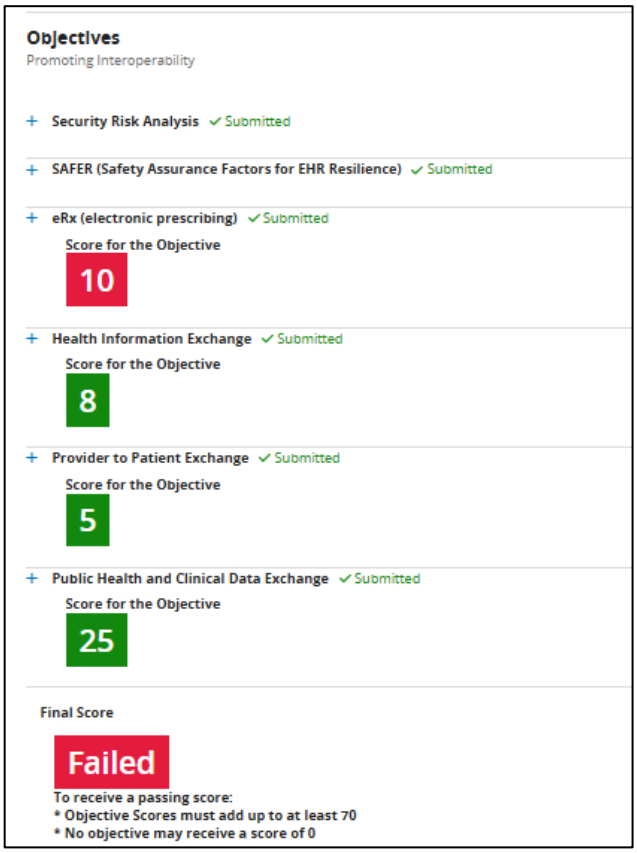


Step 8: After you have completed each objective, the dashboard will display the final score. **Green** indicates a passing score; **Red** indicates a "failed" or non-passing score.

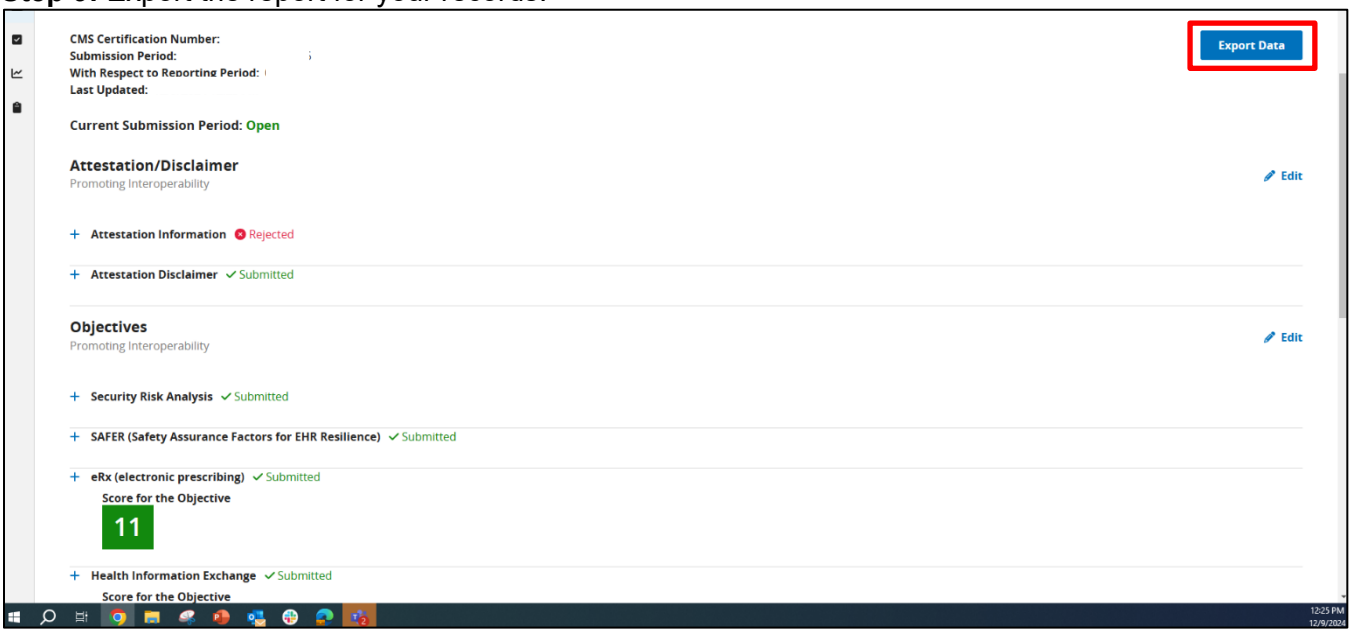
Note: The screenshots below are examples and do not reflect the actual scores achieved.

A. Passing Score

B. Failed Score



Step 9: Export the report for your records.



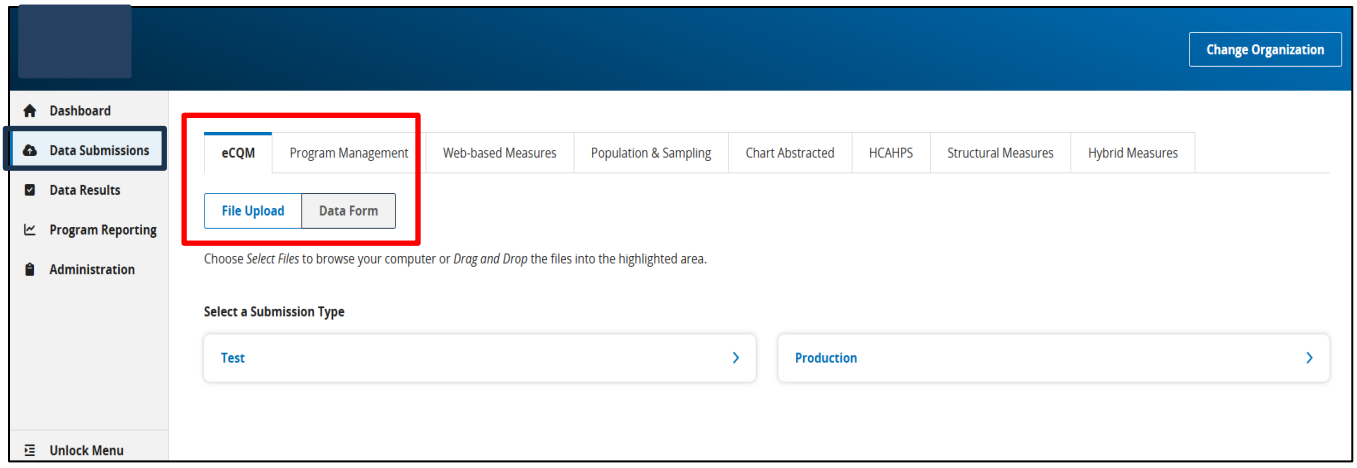
VIII. eCQM Data Submissions

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to successfully submit eCQM data per the calendar year reporting requirements. The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the eCQM reporting requirement for both programs. For complete information on the CY 2025 eCQM reporting requirements, please visit the eCQM pages on QualityNet.

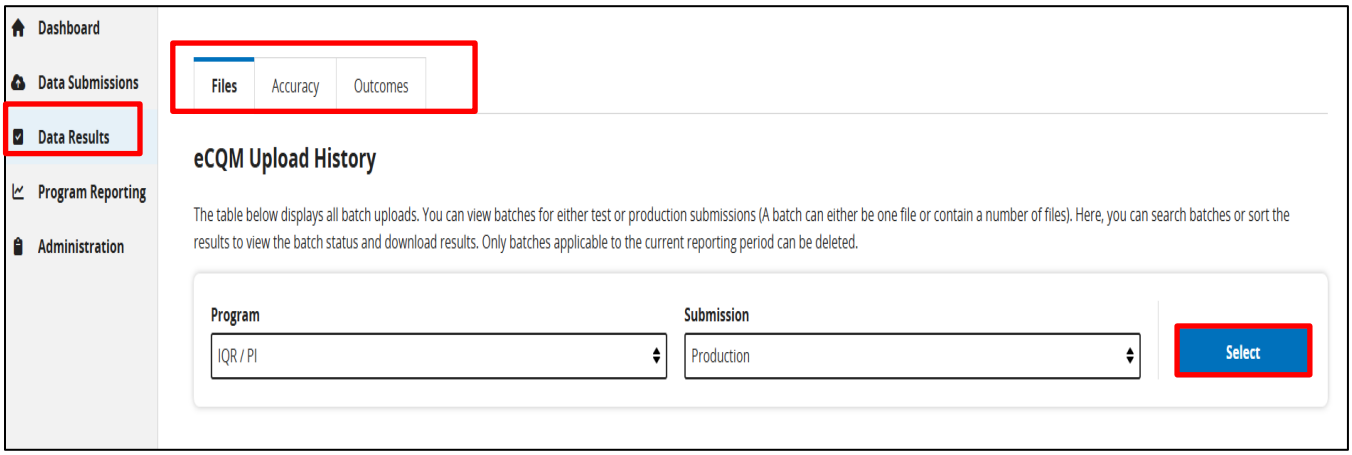
Users can upload eCQM data as any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and case threshold exemptions. For detailed eCQM submission instructions, refer to the CY 2025 Preparation Checklist for eCQM Reporting.

A. Uploading and Reviewing Data Submitted via QRDA Category I Files

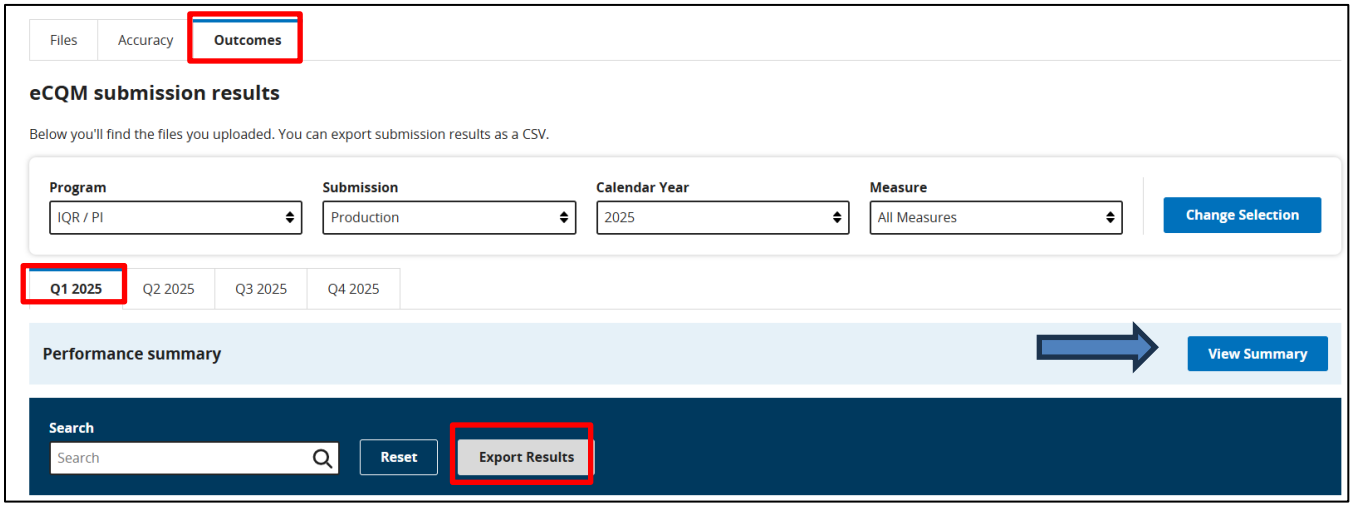
Step 1: From the landing page, select Data Submissions. Click on the eCQM tab located at the top. Click on File Upload. Select Submission Type as Test or Production.



Step 2: Once your files have been uploaded, click on Data Results from the left-side menu. Then, click on eCQM. Located at the top, the user can select one of the three tabs displayed (Files, Accuracy, and Outcomes) and complete the applicable fields below. Then, click Select.

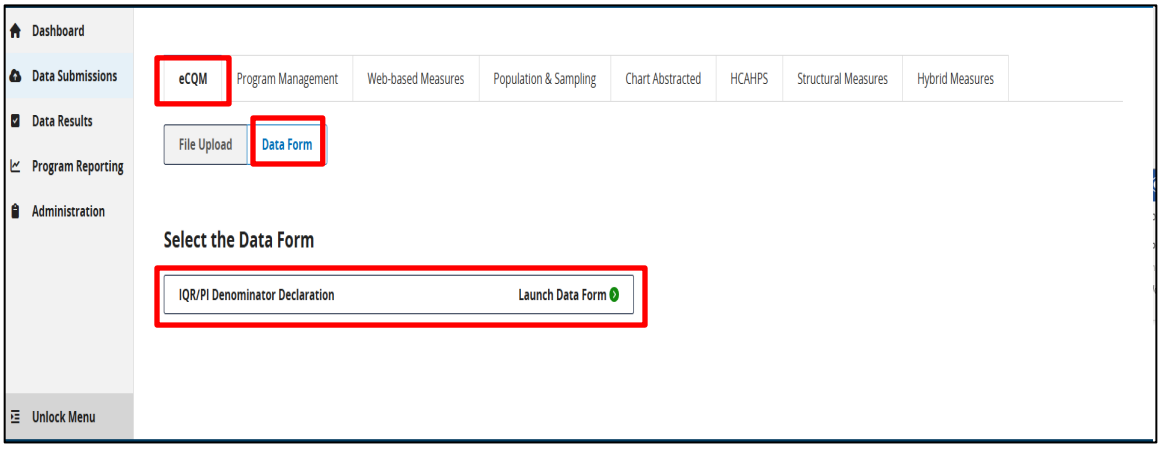


Step 3: To view a CSV file, click on Export Results.



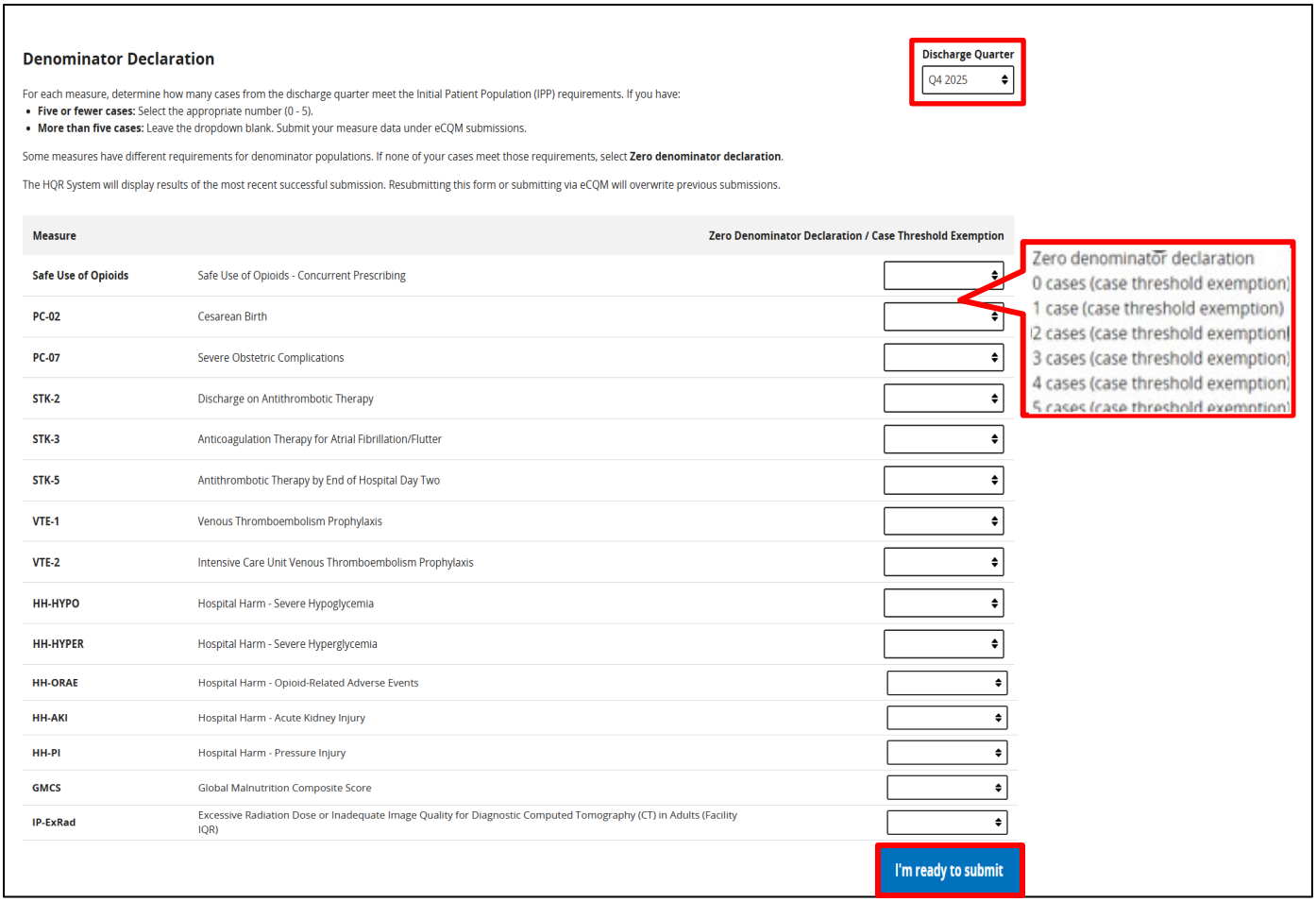
B. Entering Denominator Declarations (if they apply)

Step 1: From the landing page, select Data Submissions. Click on the eCQM tab located at the top. Click on the Data Form box and Launch the IQR/PI Denominator Declaration Data Form.



Step 2: Enter the declarations for case threshold and/or zero denominator for each applicable measure and quarter. Then, click I'm Ready to Submit.

Note: File submissions will overwrite denominator declarations. The HQR system will validate successfully submitted eCQM(s) via QRDA Category I files even if the user has already submitted a zero denominator and/or case threshold exemption.

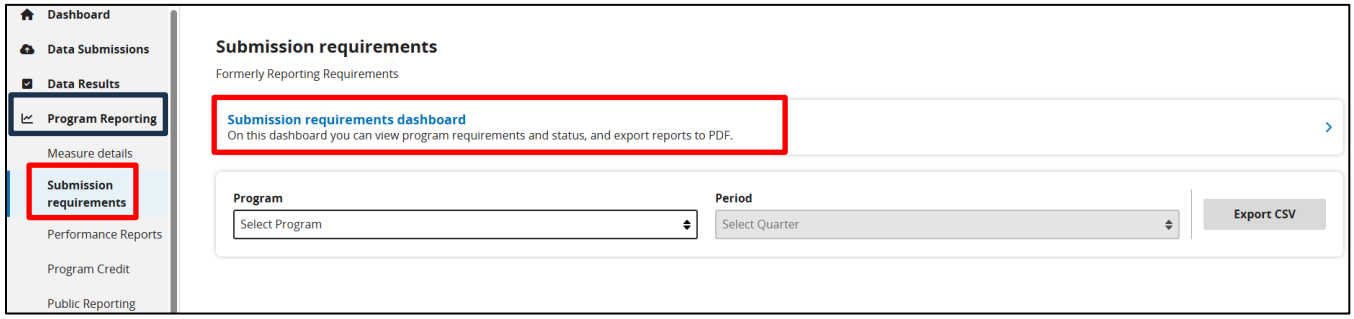


C. Generating the Submission Requirements Report

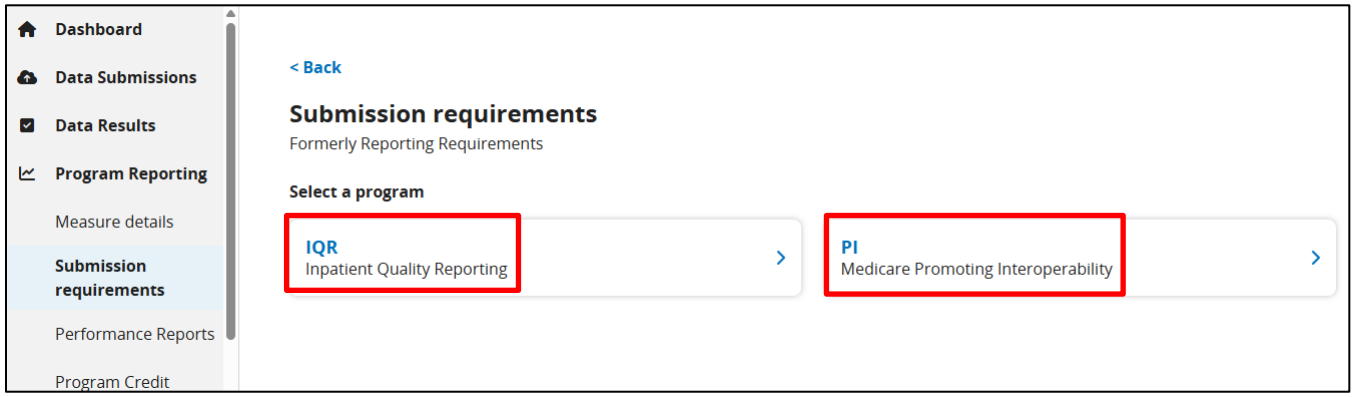
Beginning with CY 2025 reporting, users must generate the submission requirements report to confirm their eCQM submission status.

Note: CMS retired the Program Credit Report, but historical data remain available. (Refer to Section D.)

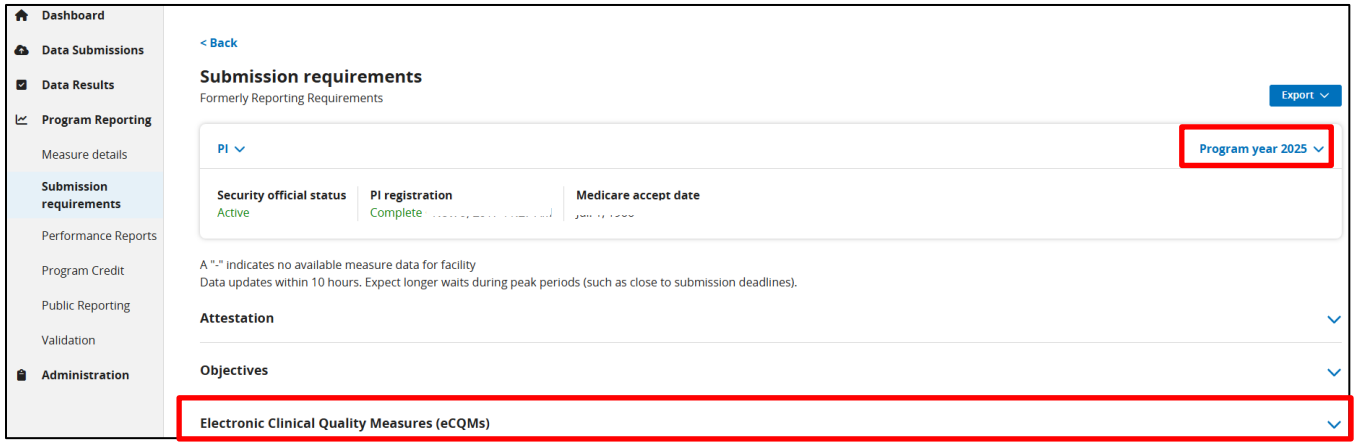
Step 1: From the landing page, click on Program Reporting. Then, click on Submission requirements.



Step 2: Click on the Submission Requirements dashboard box. Then, select IQR or PI.

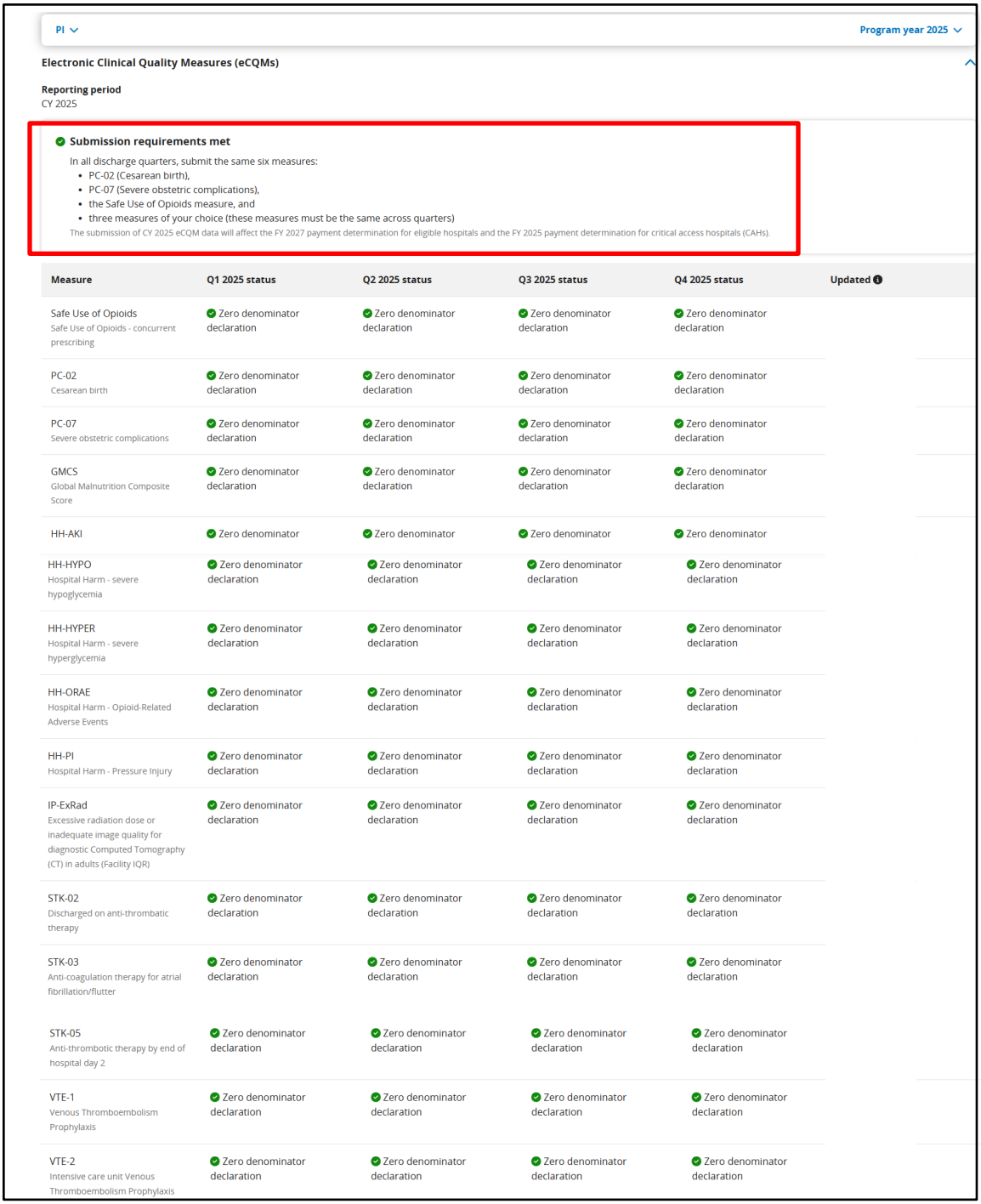


Step 3: Verify the Program Year [2025]. The HQR system will default to the current fiscal or program year. Click on the arrow to review, by quarter, the measures successfully submitted and date of the last submission update.



Step 4: Confirm your eCQM submission status. A box displays the requirements.

A. The **green** check indicates the eCQM submission requirement was met for the reporting year.



PI

Program year 2025

Electronic Clinical Quality Measures (eCQMs)

Reporting period
CY 2025

Submission requirements met

In all discharge quarters, submit the same six measures:

- PC-02 (Cesarean birth),
- PC-07 (Severe obstetric complications),
- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

The submission of CY 2025 eCQM data will affect the FY 2027 payment determination for eligible hospitals and the FY 2025 payment determination for critical access hospitals (CAHs).

Measure	Q1 2025 status	Q2 2025 status	Q3 2025 status	Q4 2025 status	Updated
Safe Use of Opioids Safe Use of Opioids - concurrent prescribing	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
PC-02 Cesarean birth	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
PC-07 Severe obstetric complications	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
GMCS Global Malnutrition Composite Score	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
HH-AKI	Zero denominator	Zero denominator	Zero denominator	Zero denominator	
HH-HYPO Hospital Harm - severe hypoglycemia	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
HH-HYPER Hospital Harm - severe hyperglycemia	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
HH-ORAE Hospital Harm - Opioid-Related Adverse Events	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
HH-PI Hospital Harm - Pressure Injury	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
IP-ExRad Excessive radiation dose or inadequate image quality for diagnostic Computed Tomography (CT) in adults (Facility IQR)	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
STK-02 Discharged on anti-thrombatic therapy	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
STK-03 Anti-coagulation therapy for atrial fibrillation/flutter	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
STK-05 Anti-thrombotic therapy by end of hospital day 2	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
VTE-1 Venous Thromboembolism Prophylaxis	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	
VTE-2 Intensive care unit Venous Thromboembolism Prophylaxis	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	Zero denominator declaration	

B. The yellow triangle indicates the eCQM submission requirement was not met for the reporting year.

Electronic Clinical Quality Measures (eCQMs)

Reporting period
CY 2025

⚠ Submission requirements not met

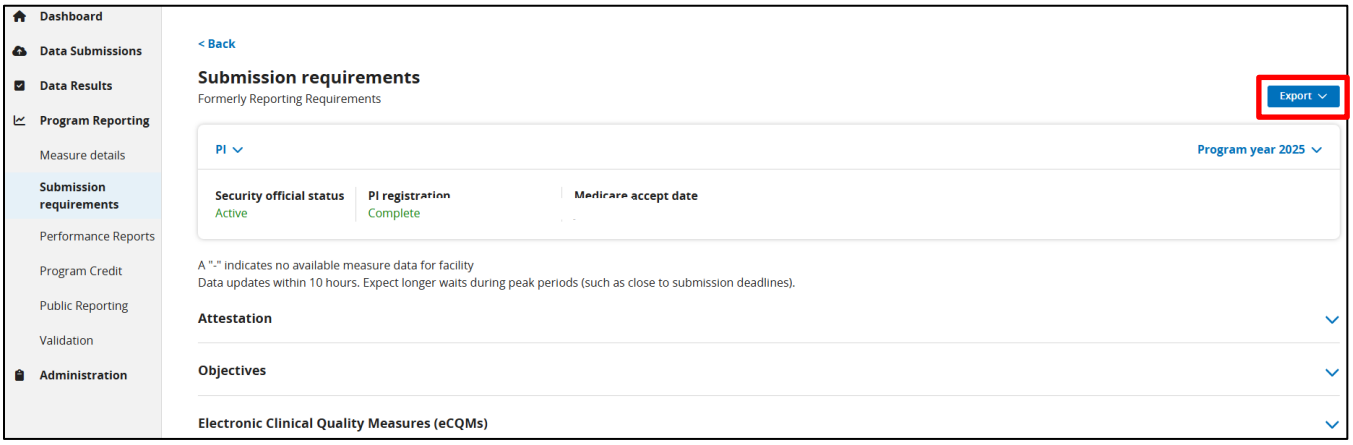
In all discharge quarters, submit the same six measures:

- PC-02 (Cesarean birth),
- PC-07 (Severe obstetric complications),
- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

The submission of CY 2025 eCQM data will affect the FY 2027 payment determination for eligible hospitals and the FY 2025 payment determination for critical access hospitals (CAHs).

Measure	Q1 2025 status	Q2 2025 status	Q3 2025 status	Q4 2025 status	Updated
PC-02 Cesarean Birth	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	–
PC-07 Severe Obstetric Complications	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	–
Safe Use of Opioids Safe Use of Opioids – Concurrent Prescribing	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	⚠ Not submitted	–
GMCS Global Malnutrition Composite Score	Not submitted	Not submitted	Not submitted	Not submitted	–
HH-ORAE Hospital Harm - Opioid-Related Adverse Events	Not submitted	Not submitted	Not submitted	Not submitted	–
HH-HYPER Hospital Harm - Severe Hyperglycemia	Not submitted	Not submitted	Not submitted	Not submitted	–
HH-HYPO Hospital Harm - Severe Hypoglycemia	Not submitted	Not submitted	Not submitted	Not submitted	–
HH-AKI Hospital Harm - Acute Kidney Injury	Not submitted	Not submitted	Not submitted	Not submitted	–
HH-PI Hospital Harm - Pressure Injury	Not submitted	Not submitted	Not submitted	Not submitted	–
IP-ExRad Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)	Not submitted	Not submitted	Not submitted	Not submitted	–
STK-2 Discharged on Anti-thrombatic Therapy	Not submitted	Not submitted	Not submitted	Not submitted	–
STK-3 Anti-coagulation Therapy for Atrial Fibrillation/Flutter	Not submitted	Not submitted	Not submitted	Not submitted	–
STK-5 Anti-thrombotic Therapy by End of Hospital Day 2	Not submitted	Not submitted	Not submitted	Not submitted	–
VTE-1 Venous Thromboembolism Prophylaxis	Not submitted	Not submitted	Not submitted	Not submitted	–
VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis	Not submitted	Not submitted	Not submitted	Not submitted	–

Step 5: Export a PDF report for your records.

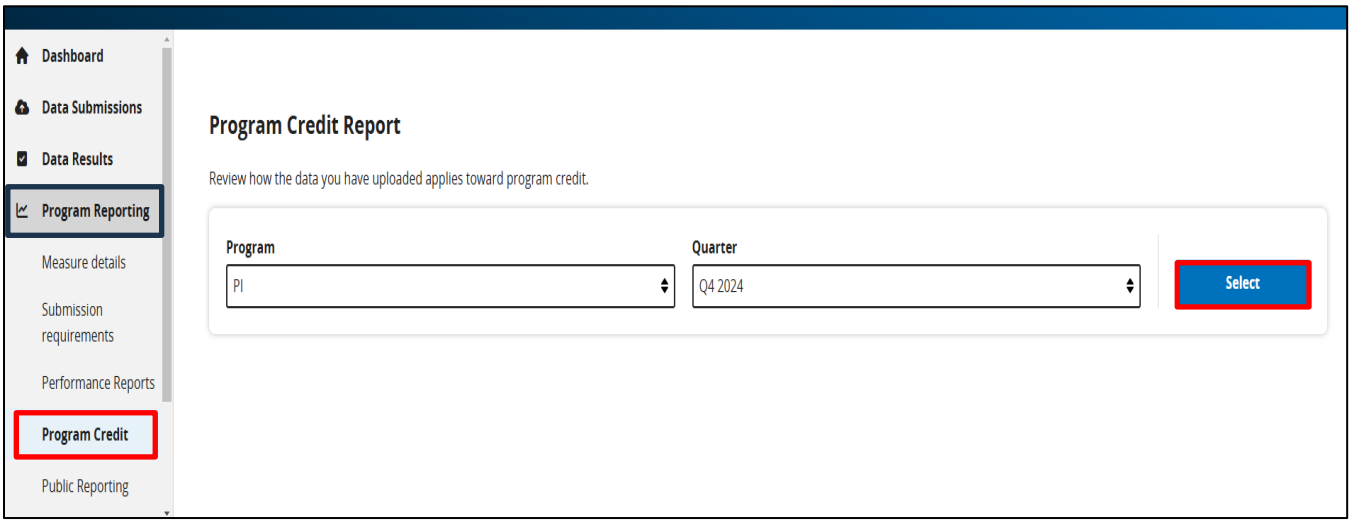


D. Program Credit Report (Retired)

CMS retired the Program Credit Report, but you can still access historical data.

Note: Beginning with CY 2025 reporting, users must generate the submission requirements report to confirm their eCQM submission status.

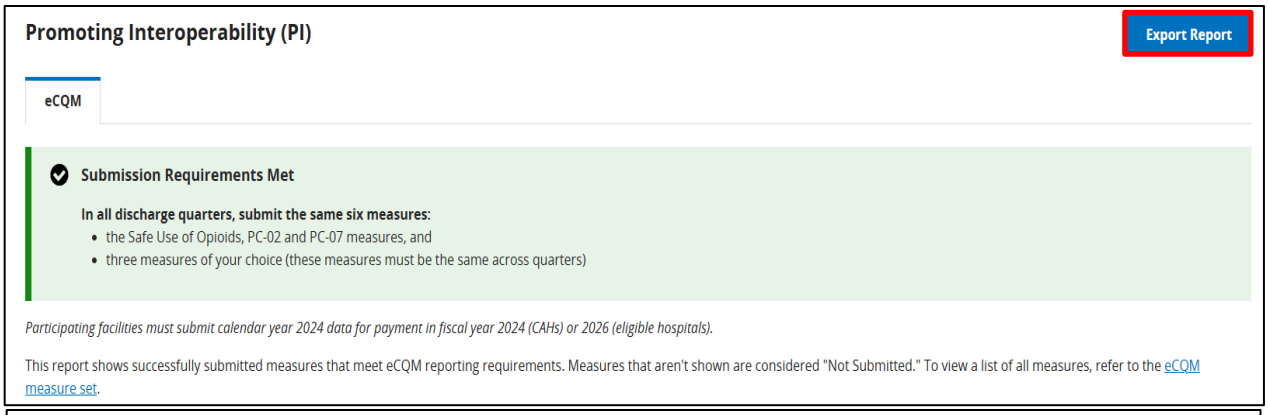
Step 1: From the landing page, click on Program Reporting. Then, click on Program Credit. Select the PI Program and Quarter from the drop-down boxes. Then, click Select.



Step 2: The user interface will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records.

Important: A green banner indicates successful submission was achieved for the reporting year; A yellow banner indicates successful submission was not achieved for the reporting year.

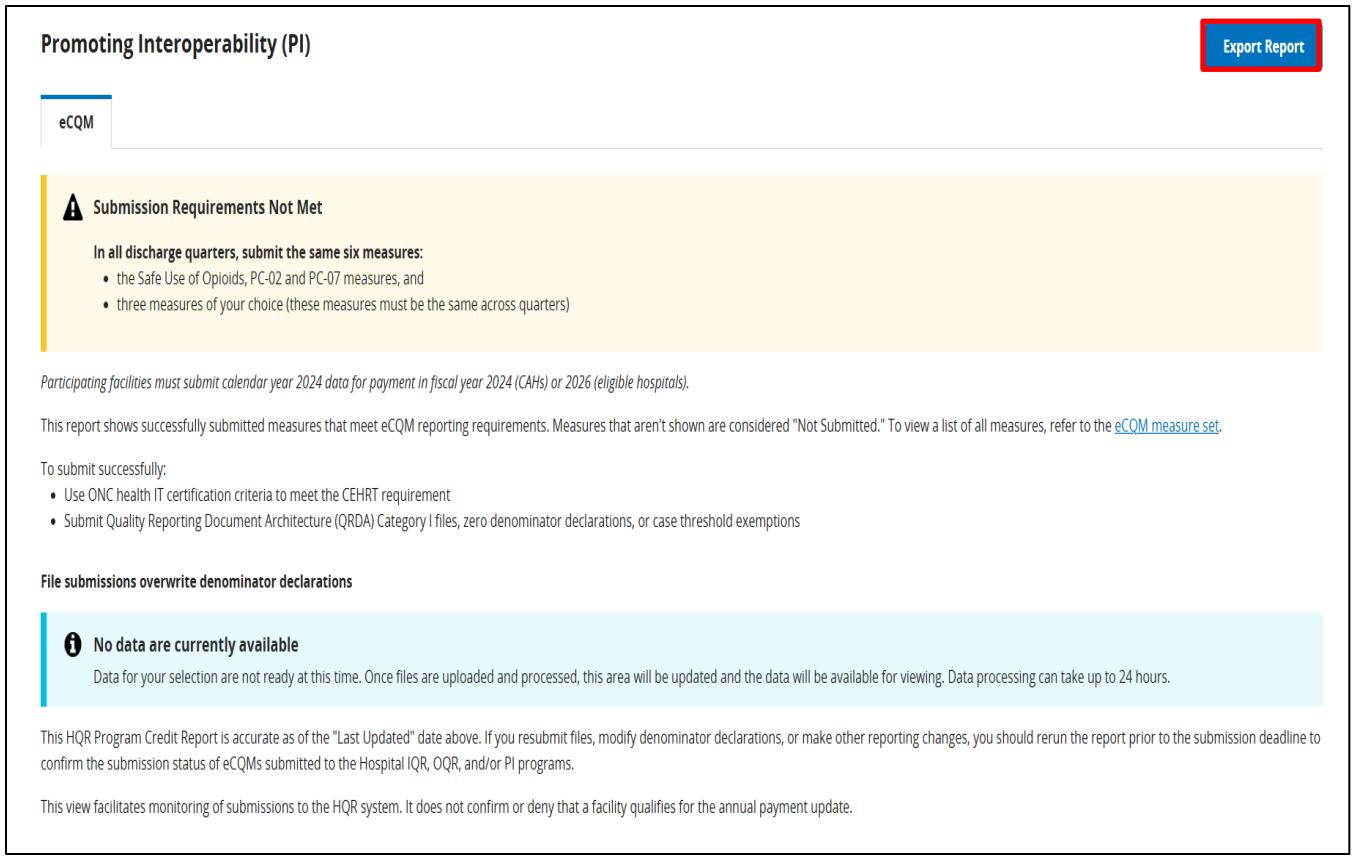
A. Submission Requirements Met



To submit successfully:

- Use ONC health IT certification criteria to meet the CEHRT requirement
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

Measure	Submission Status	Last Updated
Safe Use of Opioids*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
PC-02*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
PC-07*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-2*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-3*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-5*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
VTE-1*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
VTE-2*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
HH-HYPO*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
HH-HYPER*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
HH-ORAE*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
GMCS*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM

B. Submission Requirements Not Met