

Medicare Promoting Interoperability Program

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

Calendar Year 2025 EHR Reporting Period



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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://oncprojecttracking.healthit.gov/support/ projects/CQM/summary
QRDA reporting, development, and implementation	ONC Jira QRDA Issue Tracker		https://oncprojecttracking.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 identity 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](#)

[Home /](#)

Getting Started with QualityNet

Registration

[I am an HQR user](#)
[I am an EQRS User](#)

Can't find what you're looking for? Visit the [Question & Answer Tools](#).

Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with [hqr.cms.gov](#) and [eqrs.cms.gov](#) for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for [HARP](#), please view the following resources:

Resource Name	
HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

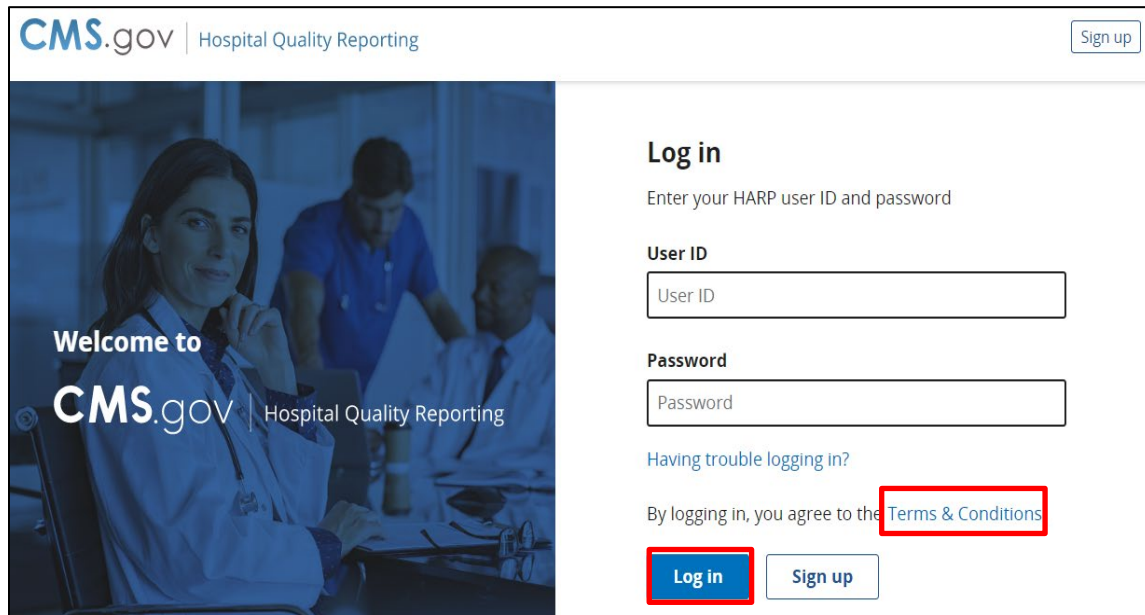
For additional help on navigating the HQR system, view the video tutorials on YouTube: https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy.

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>)

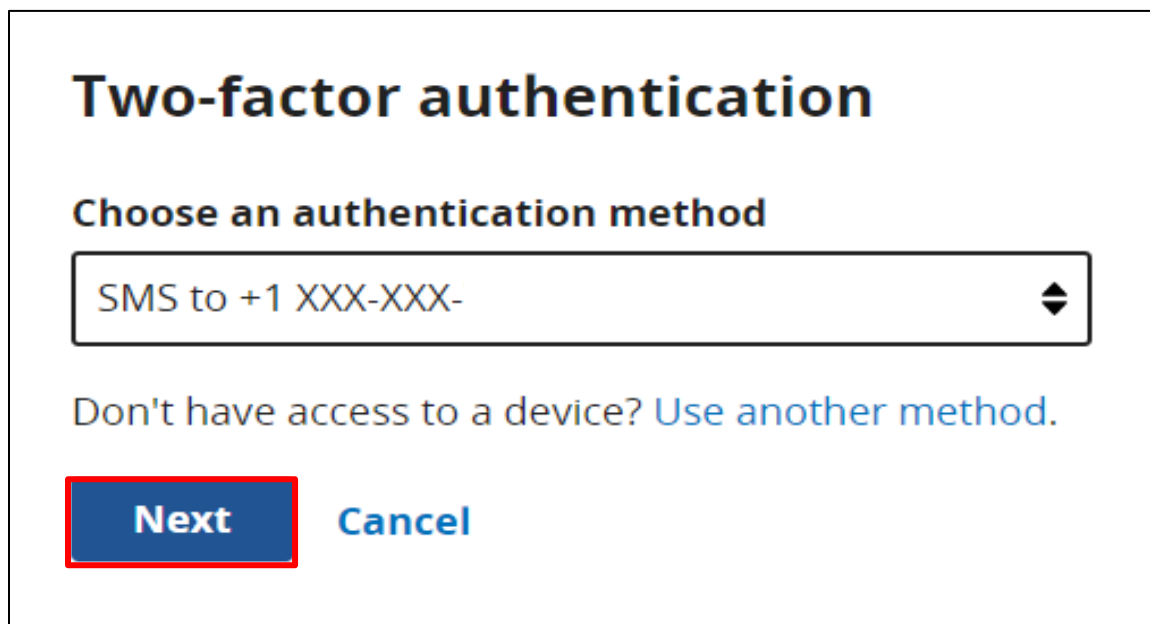
Note: The screens displayed may vary depending on the user's permissions.

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.



The screenshot shows the CMS.gov Hospital Quality Reporting login interface. On the left, there is a blue-tinted image of healthcare professionals with the text 'Welcome to CMS.gov Hospital Quality Reporting'. On the right, the 'Log in' section prompts the user to 'Enter your HARP user ID and password'. It includes input fields for 'User ID' and 'Password'. Below these fields, there is a link for 'Having trouble logging in?' and a statement 'By logging in, you agree to the Terms & Conditions', where 'Terms & Conditions' is a clickable link. At the bottom of the login section, there are two buttons: 'Log in' (highlighted with a red box) and 'Sign up'.

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



The screenshot displays the 'Two-factor authentication' screen. The main heading is 'Two-factor authentication'. Below it, the instruction 'Choose an authentication method' is shown. A dropdown menu is open, displaying 'SMS to +1 XXX-XXX-'. Below the dropdown, there is a link that reads 'Don't have access to a device? Use another method.' At the bottom of the screen, there are two buttons: 'Next' (highlighted with a red box) and 'Cancel'.

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

Two-factor authentication

Code sent via SMS to +1 XXX-XXX-

Enter code

[Resend code](#)
[Change method](#)

Next
[Cancel](#)

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

CMS.gov | Hospital Quality Reporting

HSAG

Veronica Dunlap

Change Organization

Dashboard

Data Submissions

☒ Data Results

Program Reporting

Administration

My Tasks page is still available for PRS.

Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

My Tasks

Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

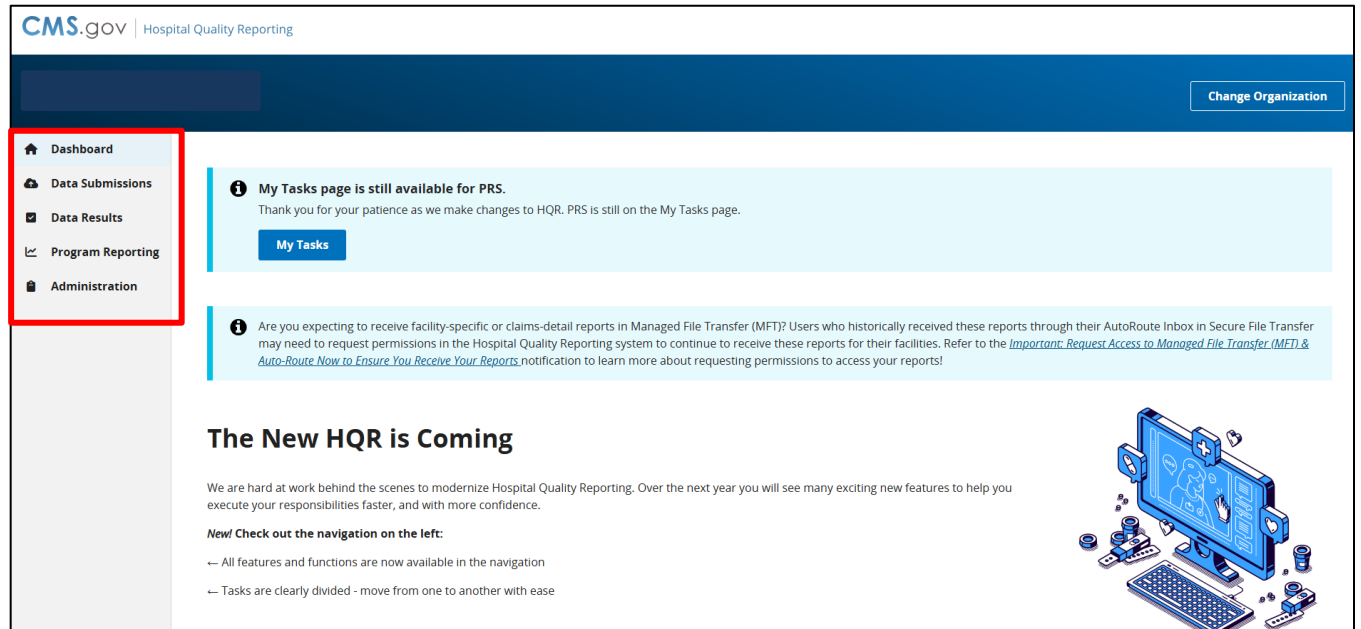
← All features and functions are now available in the navigation

← Tasks are clearly divided - move from one to another with ease

December 2025

5

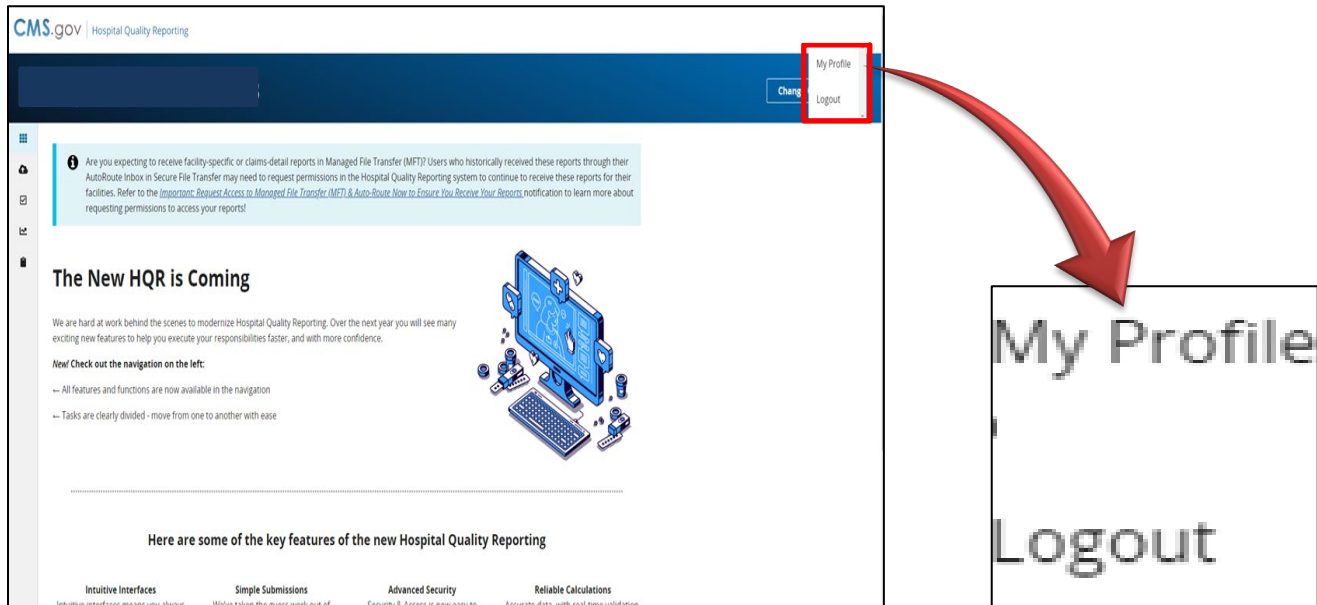
Step 5: Review the left-hand Navigation menu, to perform actions in the HQR system.



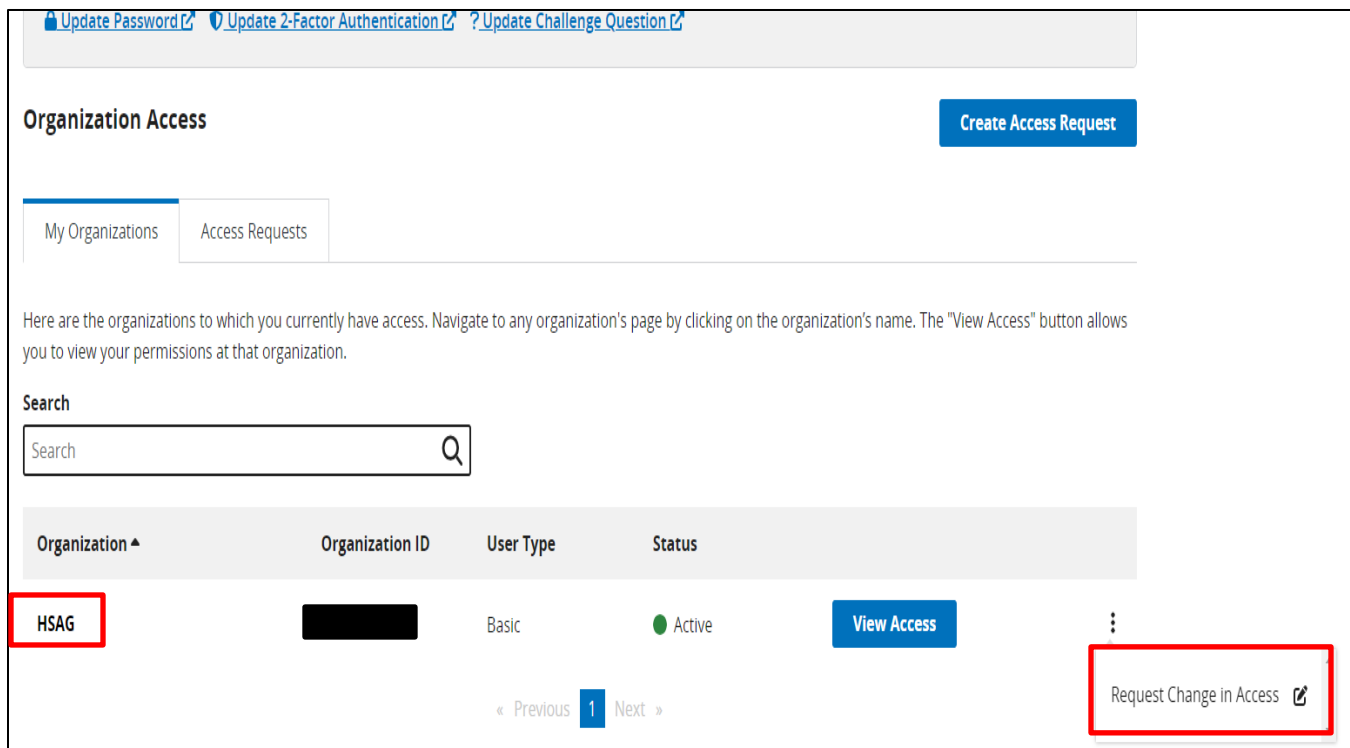
IV. Review, Add and/or Modify User Permissions

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.

User Type
Basic

What Permissions do you need?
Please specify the Program(s) that you need to access to submit data.

Program Access	Program Access
Chart Abstracted	None Add
DACA	None Add
eCQM	None Add
HCAHPS (File Upload)	None Add
Population & Sampling	None Add
Web-Based Measures	None Add

Submission Results Program Access

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

eCQM [Close](#)

Choose the programs and permission level that you need access to.

Program	No Access	View	Upload / Edit
Inpatient Quality Reporting (IQR)	☐	☐	☒
Promoting Interoperability (PI)	☒	☐	☐

[Apply & Close](#) [Cancel](#)

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

Validation	None	Add
Authorizations		
Auto-Route (IQR)		☐
Auto-Route (OQR)		☐
Managed File Transfer (MFT)		☐
MFT CDAC Form (Requires MFT Access)		☐
Notice of Participation	None	Add
PI Registration	None	Add
Vendor Management		☐

[Back](#)
[Review](#)

CMS.gov | Hospital Quality Reporting
 CMS.gov QualityNet Support CCSQ Support Center

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

Data Submissions	Program Access
Chart Abstracted	IQR (View)
DACA	IPFQR (View), IQR (View), PCHQR (View)
eCQM	IQR (View), PI (View)
HCAHPS (Data Form)	IQR (View), PCHQR (View)
HCAHPS (File Upload)	IQR (View), PCHQR (View)
Hybrid measures	IQR (View)
Patient-reported outcomes performance measure	None
Population & Sampling	IQR (View)
Program Management	IPFQR (View), HVBP (View), IQR (View)
RTI	None
Structural Measures	IQR (View)
Web-Based Measures	IPFQR (View), IQR (View), PCHQR (View), PI (View)

CY 2025 HQR User Guide for the Medicare Promoting Interoperability Program

Submission Results	Program Access
Chart Abstracted	IQR
eCQM	IQR, PI
HCAHPS	IQR, PCHQR
Population & Sampling	IQR
Web-Based Measures	IPFQR, IQR, PCHQR, PI

[Back](#) [Submit](#)

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

Authorizations	Access
Auto-Route (IQR)	☐
Auto-Route (OQR)	☐
Managed File Transfer (MFT)	☐
MFT CDAC Form (Requires MFT Access)	☐
Notice of Participation	None Add
PI Registration	None Add
Vendor Management	☐

[Back](#) [Review](#)

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

PI Registration ✕ Close

Choose the programs and permission level that you need access to.

Program	No Access	View	Upload / Edit
PI Registration	☒	☐	☐

Apply & Close Cancel

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

Authorizations	Access
Auto-Route (IQR)	☐
Auto-Route (OQR)	☐
Managed File Transfer (MFT)	☐
MFT CDAC Form (Requires MFT Access)	☐
Notice of Participation	None Add
PI Registration	Upload / Edit Edit
Vendor Management	☐

Back **Review**

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

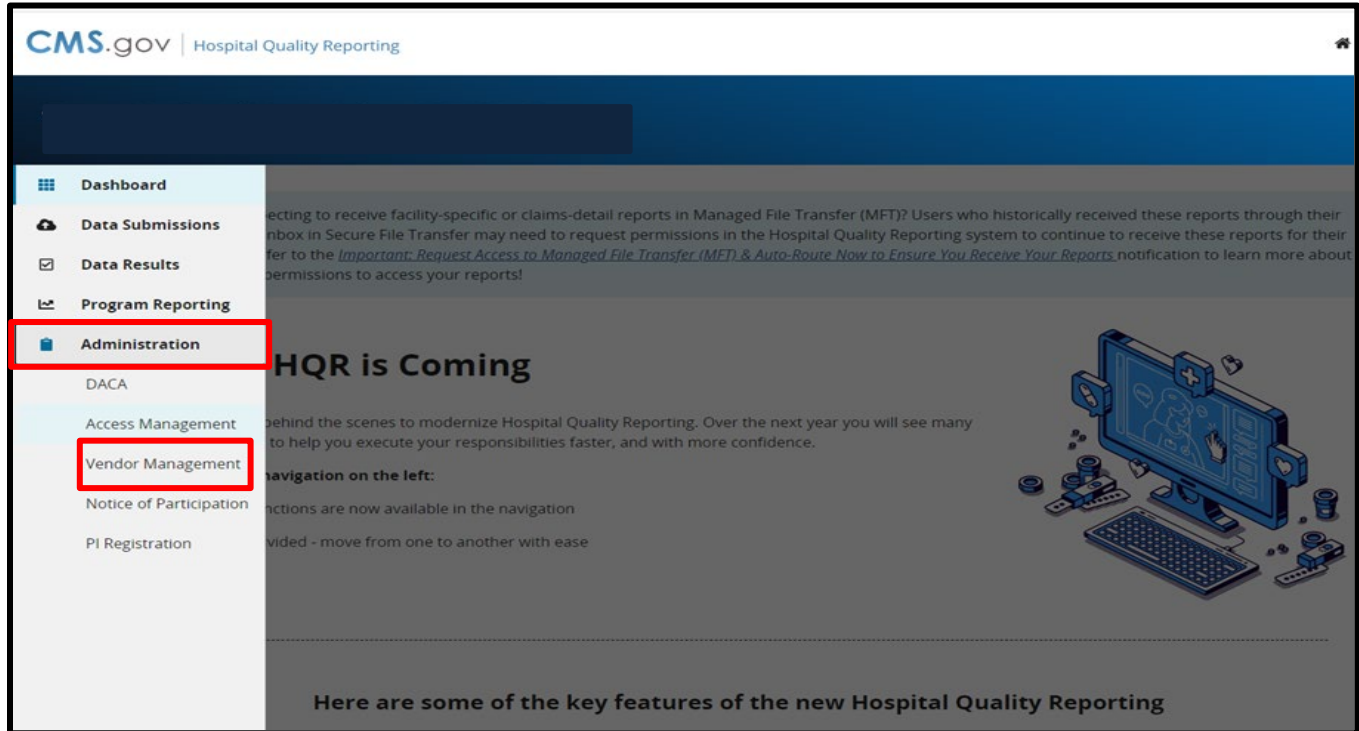
Authorizations	Access
Auto-Route (IQR)	None
Auto-Route (OQR)	None
Managed File Transfer (MFT)	None
MFT CDAC Form (Requires MFT Access)	None
Notice of Participation	None
PI Registration	Upload / Edit
Vendor Management	None

[Back](#) [Submit](#)

V. Review, Add and/or Modify Vendor Permissions

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

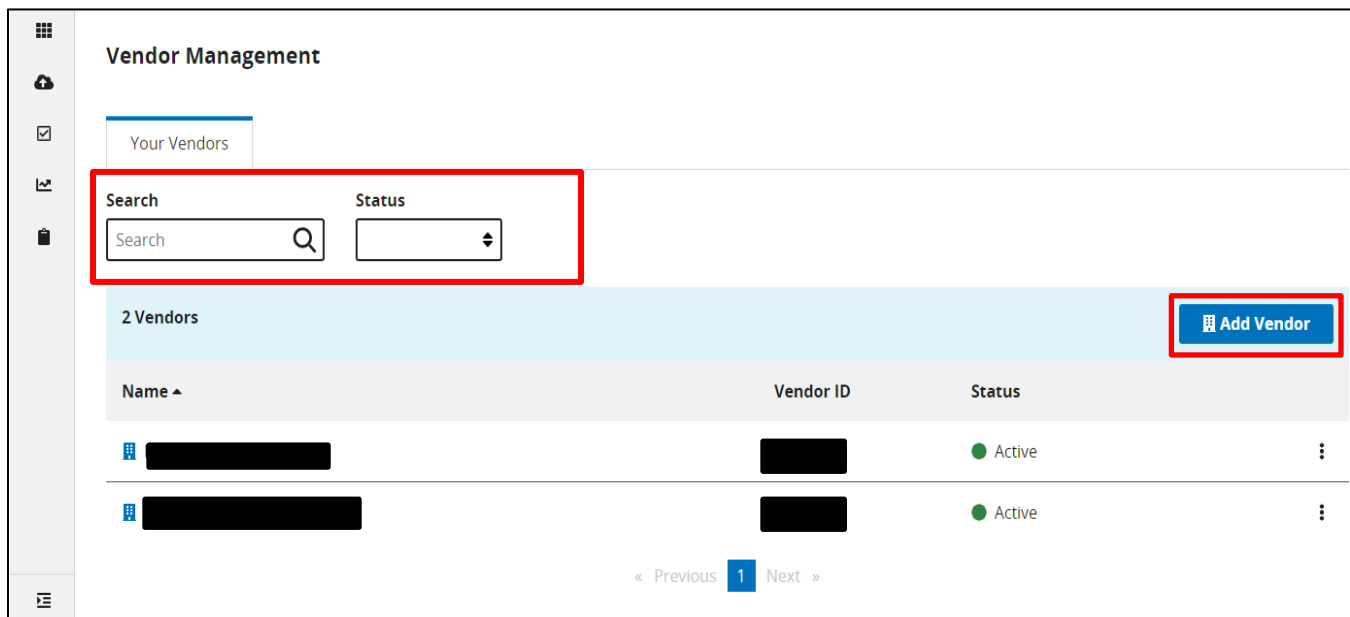
Step 1: From the landing page, click Administration and select Vendor Management.



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.

The screenshot shows the 'Vendor Management' page. It includes a search bar and a status dropdown. Below, there is a table with 2 vendors. Each vendor row has a three-dot menu icon. A red arrow points from the menu icon of the first vendor to a zoomed-in view of the menu options.

Name	Vendor ID	Status
[Redacted]	[Redacted]	Active
[Redacted]	[Redacted]	Active

A zoomed-in view of the dropdown menu for a vendor. The 'Edit Access' option is highlighted with a red box. Other options visible are 'Suspend User' and 'Remove User'.

- Edit Access
- Suspend User
- Remove User

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

The screenshot shows the 'Permissions' table. The 'Permissions' header is highlighted with a red box. The table has two main sections: 'Data Submissions' and 'Program Access'. Under 'Program Access', there are three rows: 'Chart Abstracted', 'DACA', and 'eCQM'. The 'eCQM' row has a red box around the 'Add' button.

Permissions
Data Submissions
Chart Abstracted
DACA
eCQM

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

Permissions

☐ No Access
 ☒ Upload / Edit
 ☐ View

Discharge Quarters

* Start Quarter

* Start Year

Year

to

End Quarter

End Year

Quarter

Year

☐ Do not include an end date

Submission Date

* Start Date

* End Date

MM/DD/YYYY

MM/DD/YYYY

to

MM/DD/YYYY

MM/DD/YYYY

☐ Do not include an end date

Confirm

Cancel

Apply & Close

Cancel

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

Data Submissions - eCQM
✕ Close

Promoting Interoperability

 By assigning IQR permissions, you are also assigning permission for File Accuracy (for the specified measure set only).

Measure Sets	Discharge Quarter	Submission Date	Permission Level	Actions
eCQM	-	-	-	Add
Hybrid Measures	Q1:01-01-2020 - Ongoing	06-27-2022 - Ongoing	Upload / Edit	Edit

Apply & Close

Cancel

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

eCQM		Measure Access
Promoting Interoperability		(Edit/Upload) ⓘ
Web-Based Measures		
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	None	Add
Inpatient Quality Reporting (IQR)	None	Add
Outpatient Quality Reporting (OQR)	None	Add
Cancel	Review	

Step 8: Click Save & Close.

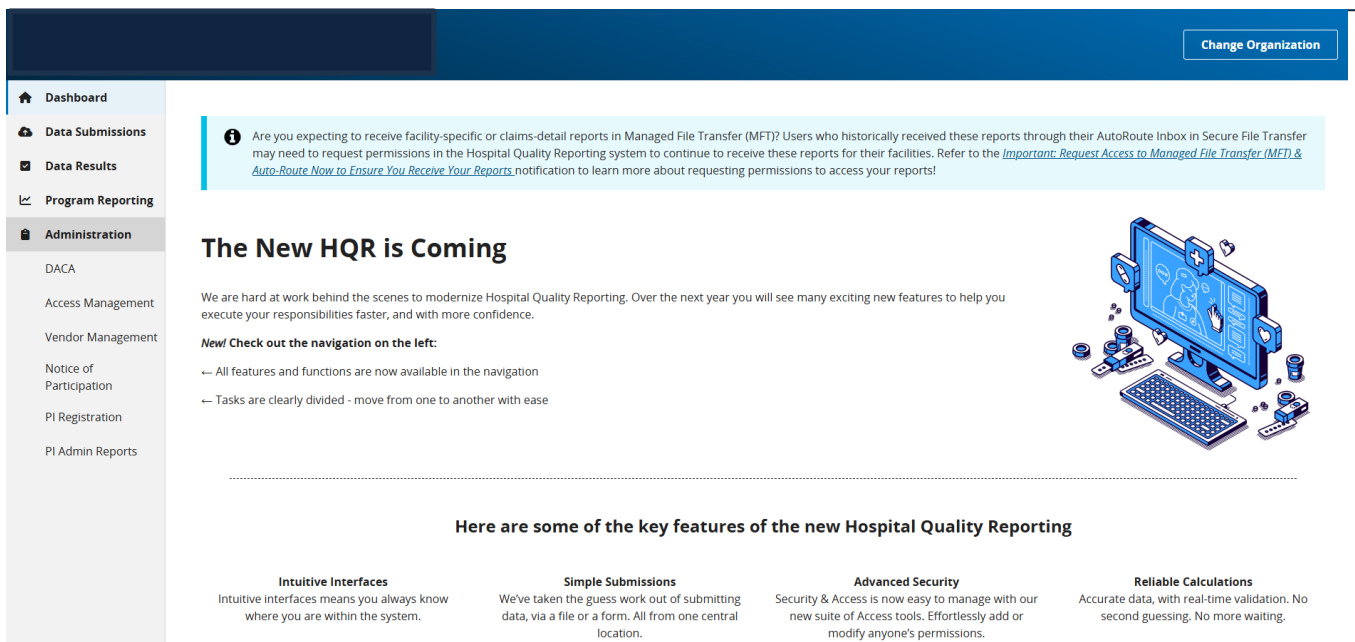
eCQM		Measure Access
Promoting Interoperability		(Edit/Upload) ⓘ
Web-Based Measures		
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	None	
Inpatient Quality Reporting (IQR)	None	
Outpatient Quality Reporting (OQR)	None	
Back	Save & Close	

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.



The screenshot shows the HQR landing page. On the left is a navigation menu with the following items: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The Administration menu is expanded, showing sub-items: DACA, Access Management, Vendor Management, Notice of Participation, PI Registration, and PI Admin Reports. The main content area features a 'Change Organization' button in the top right corner. Below this is a notification banner about Managed File Transfer (MFT) reports. The central section is titled 'The New HQR is Coming' and includes a message about modernizing Hospital Quality Reporting. It lists key features: Intuitive Interfaces, Simple Submissions, Advanced Security, and Reliable Calculations. An illustration of a computer monitor with various icons is shown on the right.

Change Organization

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

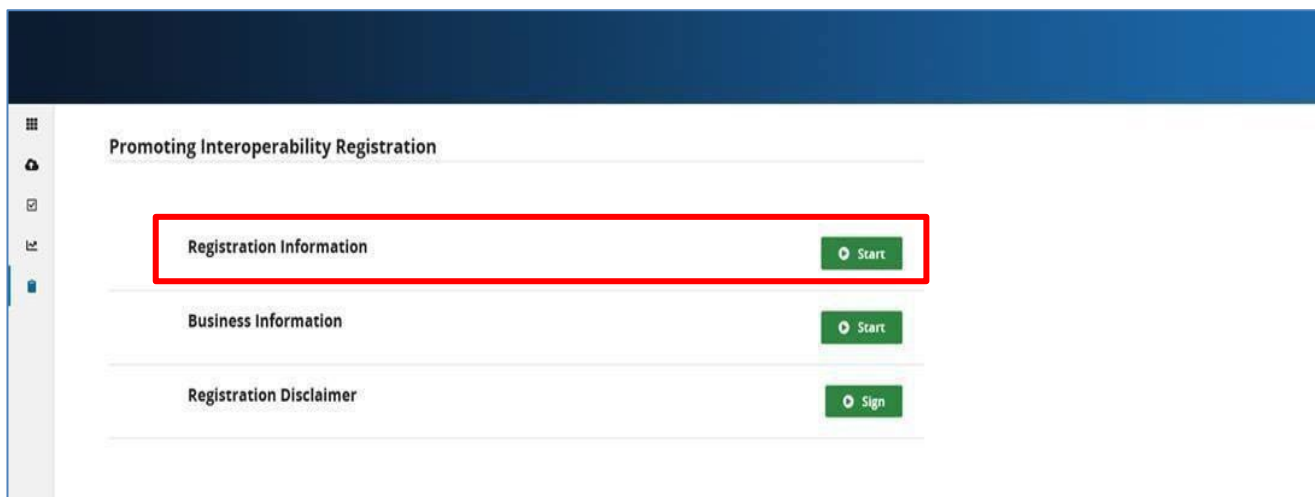
New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease

Here are some of the key features of the new Hospital Quality Reporting

Intuitive Interfaces	Simple Submissions	Advanced Security	Reliable Calculations
Intuitive interfaces means you always know where you are within the system.	We've taken the guess work out of submitting data, via a file or a form. All from one central location.	Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	Accurate data, with real-time validation. No second guessing. No more waiting.

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



The screenshot shows the 'Promoting Interoperability Registration' page. It has a left-hand navigation menu with icons for a grid, a person, a checkmark, a bar chart, and a folder. The main content area lists three registration sections: 'Registration Information', 'Business Information', and 'Registration Disclaimer'. Each section has a green button with a play icon and the text 'Start' or 'Sign'. The 'Registration Information' section and its 'Start' button are highlighted with a red rectangular box.

Promoting Interoperability Registration

Registration Information	Start
Business Information	Start
Registration Disclaimer	Sign

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

< Back

Registration Information
Promoting Interoperability Registration

* Indicates required measure

Incentive Program Questionnaire

Please select the Incentive Program *

Please select the Medicare Hospital Type. *

☐ Subsection(d) Hospital

☐ Critical Access Hospital

Do you have a certified EHR Number. *

☐ Yes

☐ No

Cancel Save & Return

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

Promoting Interoperability Registration

+ Registration Information ✓ Complete Edit

Business Information Start

Registration Disclaimer Sign

B. Business Information

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

Promoting Interoperability Registration

+ Registration Information ✓ Complete Edit

Business Information Start

Registration Disclaimer Sign

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

Business Address

Address 1 *

Address 2

City *

State *

Zip Code *

Zip +4

Phone Number *

Enter e-mail address *

Confirm e-mail address *

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

Promoting Interoperability Registration

+ Registration Information ✓ Complete [Edit](#)

+ Business Information ✓ Complete [Edit](#)

Registration Disclaimer

[Sign](#)

C. Registration Disclaimer

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

Promoting Interoperability Registration

+ Registration Information ✓ Complete [Edit](#)

+ Business Information ✓ Complete [Edit](#)

Registration Disclaimer [Sign](#)

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

[< Back](#)

Registration Disclaimer

* Indicates required measure

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.

Accept, Agree and Submit

I certify that foregoing information is true, accurate and complete. I understand that Medicare/Medicaid Promoting Interoperability Program payment I requested will be paid from Federal funds, that by filing this registration 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/Medicaid 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/Medicaid 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/Medicaid Promoting Interoperability Program payment may be paid unless this registration 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/Medicaid 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/Medicaid 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/Medicaid 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/Medicaid Promoting Interoperability Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128, provides penalties for withholding this information.

Position *

☐ **Yes, I Acknowledge ***

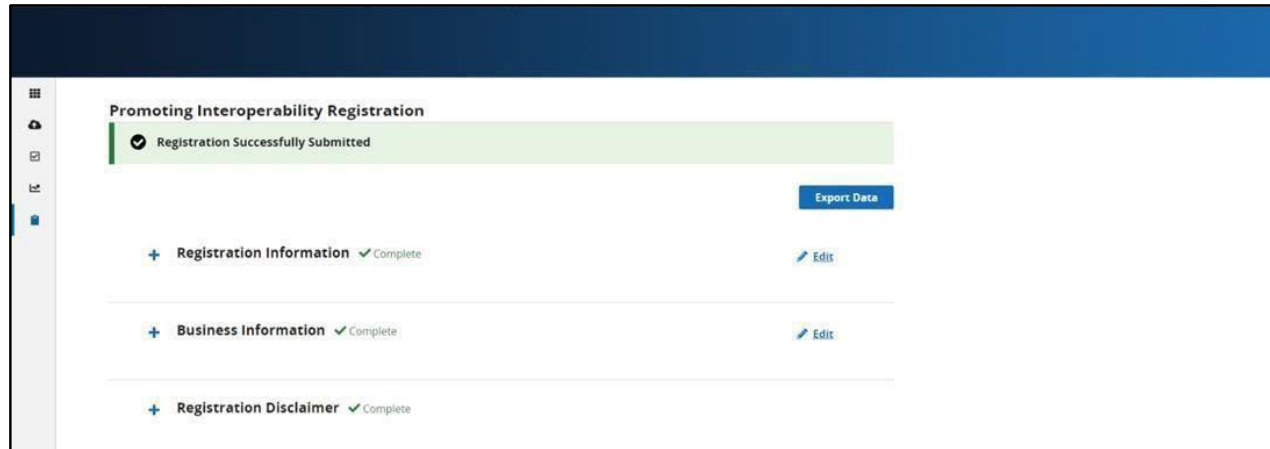
[Cancel](#) [Sign](#)

CMS.gov | Hospital Quality Reporting

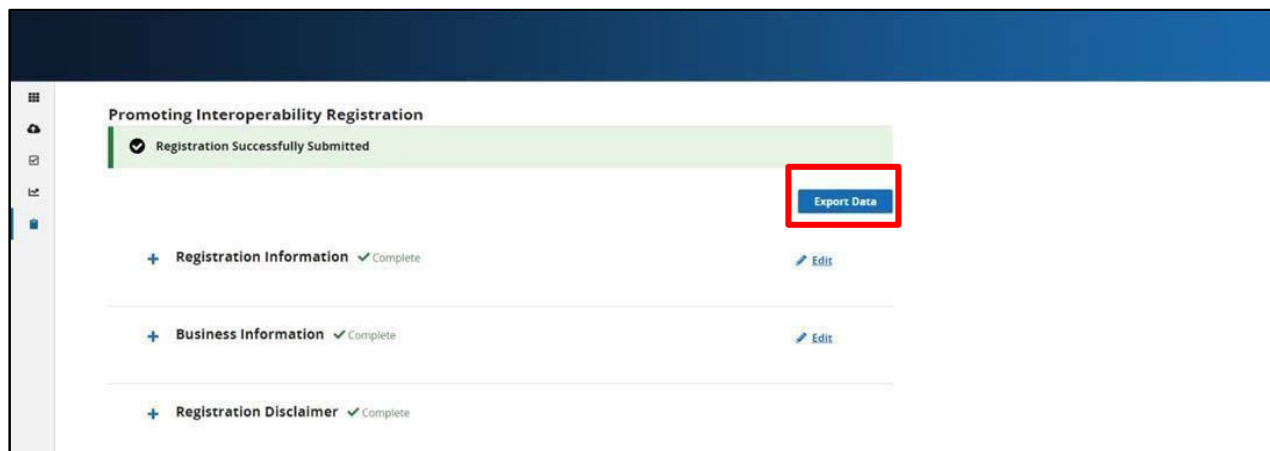
CMS.gov QualityNet Support CCSQ Support Center

Accessibility Privacy Policy Terms of Use Vulnerability Disclosure Policy

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.

The screenshot shows the 'Data Submissions' landing page. On the left sidebar, 'Data Submissions' is highlighted. The top navigation bar shows 'Web-based Measures' as the active tab. The main content area is titled 'How would you like to submit your data?'. It features two options: 'File Upload' and 'Data Form'. The 'Data Form' option is highlighted with a red box, showing the text 'Enter data for program credit here.' and a list icon.

Step 2: Launch the PI Data Form.

The screenshot shows the 'Data Form' selection page. The 'Data Form' tab is highlighted in the top navigation bar. The main content area is titled 'Select the Data Form'. It displays four options: IPFQR, IQR, OQR, and PI. The 'PI' option is highlighted with a red box, showing the text 'Launch Data Form' and a green checkmark icon.

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.

The screenshot shows a dashboard with a top navigation bar and a main content area. The top bar has a blue banner with the text "To complete Clinical Quality Measures, upload eCQM data for full calendar year" and an "Upload" button. The main content area lists various submission status indicators, each with a yellow triangle icon and the text "Not Submitted":

- CMS Certification Number: 450488
- Submission Period: 09/30/2024 - 12/15/2029
- With Respect to Reporting Period: 01/01/2024 - 12/31/2024
- Current Submission Period: Open
- Attestation/Disclaimer: Promoting Interoperability (with a green "Start" button)
- Attestation Information: Not Submitted
- Attestation Disclaimer: Not Submitted
- Objectives: Promoting Interoperability (with a grey "Start" button)
- Security Risk Analysis: Not Submitted
- SAPER (Safety Assurance Factors for EHR Resilience): Not Submitted
- eRx (electronic prescribing): Not Submitted
- Health Information Exchange: Not Submitted
- Provider to Patient Exchange: Not Submitted
- Public Health and Clinical Data Exchange: Not Submitted

At the bottom, there is a small text block: "The Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program promotes the meaningful use of certified electronic health record technology (CEHRT) to support patient engagement and the electronic exchange of health information. The program highlights CMS's commitment to interoperability, patient access to health information to make fully informed health care decisions, and reducing provider burden."

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".

The screenshot shows the "Attestation/Disclaimer" form for "Promoting Interoperability". The form includes the following sections:

- Attestation Information:** A section with a blue header and a red asterisk indicating required measures. It contains a text field for "Please provide your EHR Certification Number" and a section for "Please select the method that will be used for All Promoting Interoperability Objectives" with two radio button options: "Observation Service Method" and "All ED Visits Method".
- Reporting Period:** A section with the text "Provide the EHR reporting period associated with the PI Objectives - Date must fall within Reporting Period." It includes two date pickers for "Start Date (Ex: MM/DD/YYYY)" and "End Date (Ex: MM/DD/YYYY)".
- Attestation Statements:** Two sections with checkboxes and radio buttons. The first section has a checkbox for "I attest that I have submitted or will submit my Clinical Quality Measures data electronically through QRDA files". The second section has a radio button for "I attest that I: 1. Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology." with "Yes" and "No" options.
- Summary Box:** A box on the right side of the form containing the following information:
 - CMS Certification Number: 450488
 - Submitted: 09/30/2024 - 12/15/2029
 - With R: 01/01/2024 - 12/31/2024
 - Last Updated:

I attest that I: *

1. Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and

2. If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☐ Yes

☐ No

I attest that I:

1. Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

2. If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

☐ Yes

☐ No

☐ N/A - Submission not required

2 Attestation Disclaimer

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 112B], 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.

The screenshot shows the HQR dashboard interface. At the top, it says 'Current Submission Period: Open'. Below this, there are two sections: 'Attestation/Disclaimer' (Promoting Interoperability) with a green checkmark and 'Submitted' status, and 'Objectives' (Promoting Interoperability) which is highlighted with a red rectangular box. To the right of the 'Objectives' box is a green button with a white play icon and the text 'Start'. Below the 'Objectives' section, a list of measures is shown, each with a yellow triangle icon and 'Not Submitted' status: Security Risk Analysis, SAFER (Safety Assurance Factors for EHR Resilience), eRx (electronic prescribing), Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange.

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

The screenshot shows the 'Security Risk Analysis' measure form. On the left, there is a blue header with a question mark icon and the text 'Security Risk Analysis'. Below this, the measure description is provided: 'Measure: 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 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process.' This is followed by a question: 'Have you conducted or reviewed 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 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process? *'. There are two radio button options: 'Yes' and 'No'. At the bottom left are 'Cancel' and 'Submit' buttons. On the right side of the form, there is a sidebar with a red asterisk icon and the text '*Indicates Required Measure'. Below this, there are four input fields: 'CMS Certification Number:', 'Submission Period:', 'With Respect to Reporting Period:', and 'Last Updated:'.

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

2
SAFER (Safety Assurance Factors for EHR Resilience)

Did you complete a self-assessment using all 9 SAFER Guides? *

☐ Yes
 ☐ No

Cancel
Submit

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

3
eRx (electronic prescribing)

Generate and transmit permissible discharge prescriptions electronically.

e-Prescribing

For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions

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 (EHR) reporting period.

Does this exclusion apply to your facility? *

Query of Prescription Drug Monitoring Program (PDMP)

Select an exclusion option *

Cancel
Submit

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

e-Prescribing

For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions

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 (EHR) reporting period.

Does this exclusion apply to your facility? *

Yes

Query of Prescription Drug Monitoring Program (PDMP)

Select an exclusion option *

- ☐ 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.
- ☐ Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.
- ☐ No exclusions apply. This will result in noncompliance for the Promoting Interoperability Program.

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.

Exclusions
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 (EHR) reporting period.

Does this exclusion apply to your facility? *

No

Numerator *

Ex. 0,1,2,3,...,99999

Denominator *

Ex. 0,1,2,3,...,99999

Query of Prescription Drug Monitoring Program (PDMP)
For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.

Select a response *

Yes

No

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

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.

Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.

No exclusions apply. This will result in noncompliance for the Promoting Interoperability Program.

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

4 Health Information Exchange

The eligible hospital or critical access hospital (CAH), using the functions of certified EHR technology (CEHRT):

- provides a summary of care record when transitioning or referring their patient to another setting of care
- receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient
- incorporates summary of care information from other providers into their electronic health record (EHR) .

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)

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 received 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 reconciliation 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

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

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)

Engagement in Bi-Directional Exchange Through Health Information Exchange

The eligible hospital or CAH must attest that they engage in bidirectional exchange with an HIE to support transitions of care.

Select a response *

Yes

No

Cancel

Submit

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

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)

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

The eligible hospital or CAH must attest to the following:

- 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 in accordance with applicable law and policy ; AND
- Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Select a response *

Yes

No

Cancel

Submit

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

5

Provider to Patient Exchange

Objective: Provides patients (or patient authorized representative) with timely electronic access to their health information.

Measure: Provide Patients Electronic Access to Their Health Information: For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit this or her health information; and 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 interfaces (API) in the eligible hospital or CAH's certified electronic health record technology (CEHRT).

Numerator: Provide Patients Electronic Access to Their Health Information *

Ex. 0,1,2,3,...,99999

Denominator: Provide Patients Electronic Access to Their Health Information *

Ex. 0,1,2,3,...,99999

Cancel

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).

Select level of engagement *

Pre-production and validation

Pre-production and validation

Validated data production

Immunization Registry Reporting

The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from 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 agency to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23).

Select a response *

Electronic Case Reporting

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

Select a response *

Antimicrobial Use (AU) Surveillance

The eligible hospital or CAH is in active engagement with CDC's National Health 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.

Select a response *

Antimicrobial Resistance (AR) Surveillance

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.

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.

Select level of engagement *

Pre-production and validation

Pre-production and validation

Validated data production

⚠ To receive the five bonus points for this objective, you must:

- **meet submission requirements, and**
- **answer at least one bonus question**

Clinical Data Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

Select a response

Yes

No

Public Health Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

Select a response

Yes

No

Cancel

Submit

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

Objectives
Promoting Interoperability [Edit](#)

+ Security Risk Analysis ✓ Submitted

+ SAFER (Safety Assurance Factors for EHR Resilience) ✓ Submitted

+ eRx (electronic prescribing) ✓ Submitted

Score for the Objective

10

+ Health Information Exchange ✓ Submitted

Score for the Objective

40

+ Provider to Patient Exchange ✓ Submitted

Score for the Objective

5

+ Public Health and Clinical Data Exchange ✓ Submitted

Score for the Objective

30

Final Score
Passed
85
To receive a passing score:
* Objective Scores must add up to at least 70
* No objective may receive a score of 0

B. Failed Score

Objectives
Promoting Interoperability

+ Security Risk Analysis ✓ Submitted

+ SAFER (Safety Assurance Factors for EHR Resilience) ✓ Submitted

+ eRx (electronic prescribing) ✓ Submitted

Score for the Objective

10

+ Health Information Exchange ✓ Submitted

Score for the Objective

8

+ Provider to Patient Exchange ✓ Submitted

Score for the Objective

5

+ Public Health and Clinical Data Exchange ✓ Submitted

Score for the Objective

25

Final Score
Failed
To receive a passing score:
* Objective Scores must add up to at least 70
* No objective may receive a score of 0

Step 9: Export the report for your records.

CMS Certification Number: []
 Submission Period: []
 With Respect to Reporting Period: []
 Last Updated: []

Current Submission Period: **Open**

Attestation/Disclaimer
 Promoting Interoperability Edit

+ Attestation Information Rejected

+ Attestation Disclaimer Submitted

Objectives
 Promoting Interoperability Edit

+ Security Risk Analysis Submitted

+ SAFER (Safety Assurance Factors for EHR Resilience) Submitted

+ eRx (electronic prescribing) Submitted

Score for the Objective
11

+ Health Information Exchange Submitted

Score for the Objective

12:25 PM 12/9/2024

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.

Change Organization

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

Unlock Menu

eCQM Program Management Web-based Measures Population & Sampling Chart Abstracted HCAHPS Structural Measures Hybrid Measures

File Upload Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test 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.

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

Files Accuracy Outcomes

eCQM Upload History

The table below displays all batch uploads. You can view batches for either test or production submissions (A batch can either be one file or contain a number of files). Here, you can search batches or sort the results to view the batch status and download results. Only batches applicable to the current reporting period can be deleted.

Program Submission

IQR / PI Production

Select

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

Files Accuracy Outcomes

eCQM submission results

Below you'll find the files you uploaded. You can export submission results as a CSV.

Program Submission Calendar Year Measure

IQR / PI Production 2025 All Measures

Change Selection

Q1 2025 Q2 2025 Q3 2025 Q4 2025

Performance summary

View Summary

Search

Search Reset 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.

The screenshot shows the HQR system's main menu on the left with options: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The 'Data Submissions' section is active. At the top, there are tabs for eCQM, Program Management, Web-based Measures, Population & Sampling, Chart Abstracted, HCAHPS, Structural Measures, and Hybrid Measures. The 'eCQM' tab is selected. Below the tabs, there are buttons for 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red box. Below these buttons, the text 'Select the Data Form' is displayed. Underneath, there is a box containing 'IQR/PI Denominator Declaration' and a 'Launch Data Form' button with a green arrow icon. This box is also highlighted with a red rectangle.

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.

The screenshot shows the 'Denominator Declaration' form. At the top right, there is a 'Discharge Quarter' dropdown menu set to 'Q4 2025', highlighted with a red box. Below the header, there is instructional text and a list of measures. The measures are listed in a table with columns for 'Measure' and 'Zero Denominator Declaration / Case Threshold Exemption'. The measures include Safe Use of Opioids, PC-02, PC-07, STK-2, STK-3, STK-5, VTE-1, VTE-2, HH-HYPO, HH-HYPER, HH-ORAE, HH-AKI, HH-PI, GMCS, and IP-ExRad. To the right of the table, there is a red box containing a list of options for the 'Zero denominator declaration': 0 cases (case threshold exemption), 1 case (case threshold exemption), 2 cases (case threshold exemption), 3 cases (case threshold exemption), 4 cases (case threshold exemption), and 5 cases (case threshold exemption). At the bottom right, there is a blue button labeled 'I'm ready to submit'.

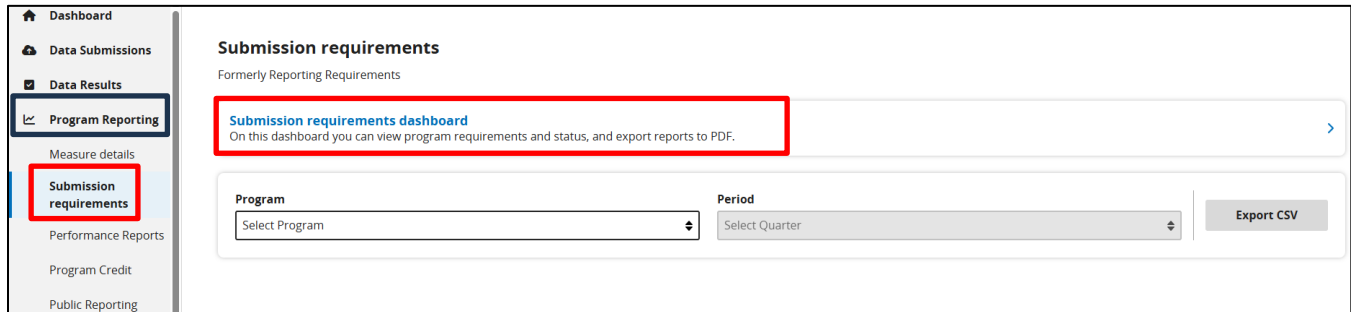
Measure	Zero Denominator Declaration / Case Threshold Exemption
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing
PC-02	Cesarean Birth
PC-07	Severe Obstetric Complications
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day Two
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-HYPO	Hospital Harm - Severe Hypoglycemia
HH-HYPER	Hospital Harm - Severe Hyperglycemia
HH-ORAE	Hospital Harm - Opioid-Related Adverse Events
HH-AKI	Hospital Harm - Acute Kidney Injury
HH-PI	Hospital Harm - Pressure Injury
GMCS	Global Malnutrition Composite Score
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)

C. Generating the Submission Requirements Report

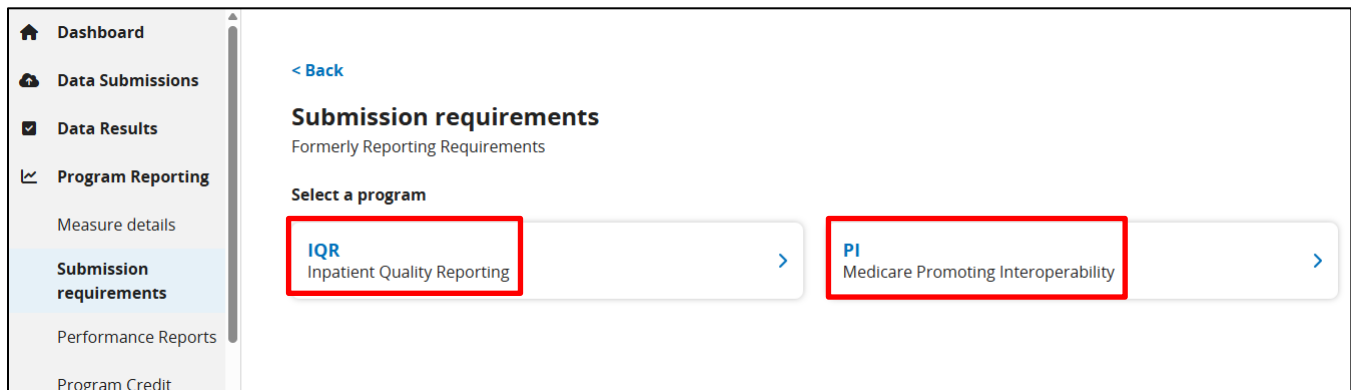
Beginning with CY 2025 reporting, users must generate the submission requirements report to confirm their eCQM submission status.

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

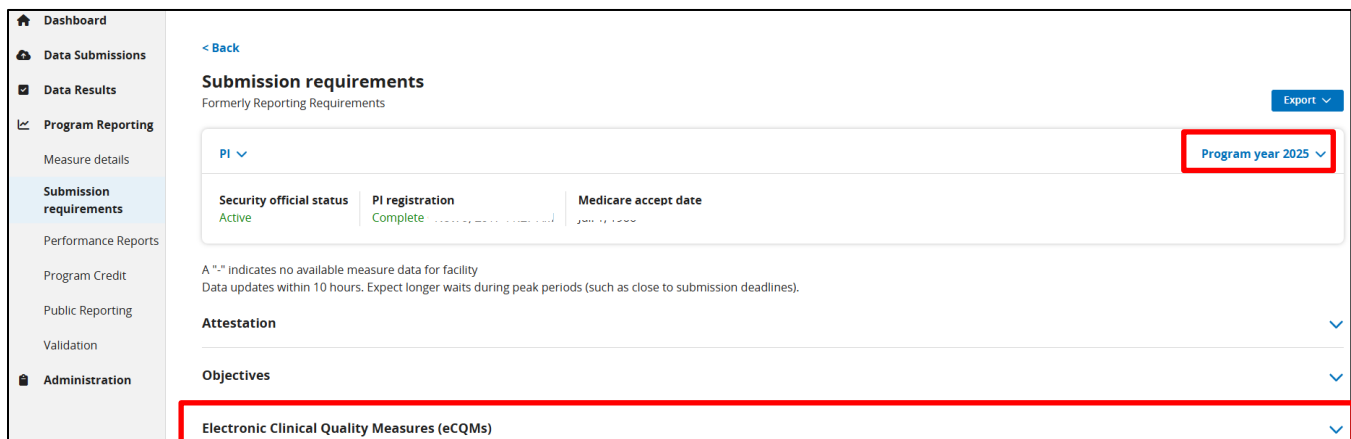
Step 1: From the landing page, click on Program Reporting. Then, click on Submission requirements.



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-thrombotic 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-thrombotic 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.

The screenshot shows the 'Submission requirements' page. On the left sidebar, 'Program Reporting' is selected, and 'Submission requirements' is highlighted. The main content area has a '< Back' link at the top left. The title 'Submission requirements' is followed by 'Formerly Reporting Requirements'. In the top right corner, an 'Export' button with a dropdown arrow is highlighted with a red box. Below the title, there are two dropdown menus: 'PI' and 'Program year 2025'. A table displays submission status for 'Security official status' (Active), 'PI registration' (Complete), and 'Medicare accept date'. Below the table, a note states: 'A "-" indicates no available measure data for facility. Data updates within 10 hours. Expect longer waits during peak periods (such as close to submission deadlines).' There are expandable sections for 'Attestation', 'Objectives', and 'Electronic Clinical Quality Measures (eCQMs)', each with a downward arrow.

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.

The screenshot shows the 'Program Credit Report' page. On the left sidebar, 'Program Reporting' is selected, and 'Program Credit' is highlighted with a red box. The main content area has the title 'Program Credit Report' and a subtitle 'Review how the data you have uploaded applies toward program credit.' Below this, there are two dropdown menus: 'Program' (with 'PI' selected) and 'Quarter' (with 'Q4 2024' selected). A red 'Select' button is to the right of the dropdowns.

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

Promoting Interoperability (PI)
Export Report

eCQM

Submission Requirements Met

In all discharge quarters, submit the same six measures:

- the Safe Use of Opioids, PC-02 and PC-07 measures, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2024 data for payment in fiscal year 2024 (CAHs) or 2026 (eligible hospitals).

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

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-HVPO*	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

Promoting Interoperability (PI)

Export Report

eCQM

 **Submission Requirements Not Met**

In all discharge quarters, submit the same six measures:

- the Safe Use of Opioids, PC-02 and PC-07 measures, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2024 data for payment in fiscal year 2024 (CAHs) or 2026 (eligible hospitals).

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

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

 **No data are currently available**

Data for your selection are not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24 hours.

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR, OQR, and/or PI programs.

This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a facility qualifies for the annual payment update.