

Medicare Promoting Interoperability Program: Summary of FY 2026 IPPS/LTCH PPS Final Rule Changes



FY 2026 IPPS/LTCH PPS Final Rule Location

The fiscal year (FY) 2026 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule (CMS-1833-F and CMS-1808-F) (at <https://www.govinfo.gov/content/pkg/FR-2025-08-04/pdf/2025-14681.pdf>) contains details of the Medicare Promoting Interoperability Program on pages 37043–37073 and updates to the ONC Health Information Technology (IT) Certification Program on pages 37131–37184.

Definition of the EHR Reporting Period

CMS finalized the following:

- Define the electronic health record (EHR) “reporting period for a payment adjustment year” in calendar year (CY) 2026 and subsequent years as a minimum of any continuous 180-day period within that CY for eligible hospitals and critical access hospitals (CAHs).
- Update corresponding revisions at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-495/subpart-A/section-495.4>.
 - For an eligible hospital in CY 2026 and subsequent years, the EHR reporting period is any continuous 180-day period within that calendar year and applies for the fiscal year payment adjustment year that is 2 years after the calendar year of the EHR reporting period.
 - For a CAH in CY 2026 and subsequent years, the EHR reporting period is any continuous 180-day period within that calendar year and applies for the fiscal year payment adjustment year for the calendar year of the EHR reporting period.

Objectives and Measures

Modifications to the Security Risk Analysis Measure

Beginning with the EHR reporting period in CY 2026, the rule:

- Requires eligible hospitals and CAHs to attest “Yes” to having conducted *security risk management* in addition to the existing requirement to attest “Yes” to having conducted a security risk analysis, as required by the Health Insurance Portability and Accountability Act Security Rule.
- Clarified the measure language as indicated below:
 - First, conduct or review a security risk analysis and second, conduct security risk management activities, in accordance with the requirements under 45 Code of Federal Regulations (CFR) 164.308(a)(1)(ii)(A) and (B).
 - Security risk analysis and management activities include addressing the security of data created or maintained by Certified EHR Technology (to include encryption), in accordance with 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3).
 - The encryption implementation specified at 45 CFR 164.312(a)(2)(iv) must be implemented if it is reasonable and appropriate; if encryption is not reasonable and appropriate, then the eligible hospital or CAH would adopt an equivalent alternative measure if it is reasonable and appropriate to do so.
 - Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.

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Modifications to the SAFER Guides Measure

Beginning with the EHR reporting period in CY 2026, the rule:

- Requires eligible hospitals and CAHs to attest “Yes” to completing an annual self-assessment using all eight Safety Assurance Factors for EHR Resilience (SAFER) Guides published in January 2025.
- Revised the measure language as indicated below:
 - Conduct an annual self- assessment using all eight of the 2025 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs, beginning with the EHR reporting period in CY 2026 and subsequent years.
 - The eight 2025 SAFER Guides, as listed in Table X.F.-01 from the final rule include:
 - High Priority Practices
 - Organizational Responsibilities
 - Contingency Planning
 - System Management
 - Patient Identification
 - Computerized Provider Order Entry with Decision Support
 - Test Results Reporting and Follow-Up
 - Clinician Communication

Modification to the Public Health and Clinical Data Exchange Objective: Adoption of an Optional Bonus Measure for Public Health Reporting Using TEFCA®

- CMS added an optional bonus measure for data exchange to occur with a public health agency (PHA) using the Trusted Exchange Framework and Common Agreement™ (TEFCA®) under the Public Health and Clinical Data Exchange objective, beginning with the EHR reporting period in CY 2026.

To attest “yes” the eligible hospital or CAH must:

1. Be a signatory to a TEFCA Framework Agreement.
 2. Transmit electronic health information for at least 1 measure under the objective (Option 2).
 3. Use the functions of certified EHR Technology to engage in exchange with a PHA. No more than 5 bonus points given for attesting “Yes” to one or more optional bonus measure(s).
- Eligible hospitals and CAHs may earn a maximum of 5 bonus points under the Public Health and Clinical Data Exchange objective for reporting on any or all of the optional bonus measures. No more than 5 bonus points given for attesting “Yes” to one or more optional bonus measure(s).

Scoring Changes

In the [CY 2026 Medicare Physician Fee Schedule final rule](#), CMS introduced new suppression policies for eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program. These policies include the following:

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Suppression of the Electronic Case Reporting Measure

For the EHR reporting period in CY 2025, CMS finalized the suppression of the Electronic Case Reporting measure by excluding the measure from scoring. Eligible hospitals and CAHs would still be required to report the measure by attesting either “Yes” or “No” to meeting the requirements of their level of active engagement, or by claiming an applicable exclusion.

The 25 points attributed to the Public Health and Clinical Data Exchange Objective would remain the same, and the 25 points would apply to the required measures within this objective, and not those that are suppressed.

Adoption of a New Measure Suppression Policy

Beginning with the EHR reporting period in CY 2026, CMS adopted a measure suppression policy and finalized the following:

- To permit CMS to exclude a measure from scoring for an EHR reporting period in an applicable CY or exclude a measure from the determination of a meaningful EHR user, for unscored measures.
- The decision to suppress a measure would still require the measure to be reported, but scoring would not be affected under such a suppression policy.
- A suppressed measure that is reported will receive the total number of allocated points for an attestation-based measure, the maximum number of points that could be received for a performance-based measure, or full credit for a measure within an objective in which such measure is part of a cohort of required measures to report.
- The measure suppression policy would allow CMS to exclude a measure from scoring due to circumstances that impede the effective measurement of a measure within the measure’s applicable objective or to exclude such a measure from the determination of a meaningful EHR user for measures that are not scored.
- Codify the measure suppression policy at § 495.24(f)(3):
 - CMS may, in its sole discretion, suppress affected measure(s) (if certain circumstances occur), by excluding it from calculation of the Medicare Promoting Interoperability Program objective score or excluding it from the determination of a meaningful EHR user if the affected measure is not scored.
 - CMS would determine whether certain circumstances exist warranting suppression of a measure within the Medicare Promoting Interoperability Program based on CMS’ consideration of one or more of the following factors:
 - (i) The nature, breadth, and duration of the circumstance’s effect on eligible hospitals’ and CAHs’ ability to fulfill the measure requirement.
 - (ii) The availability of certified health Information Technology (IT) modules to fulfill the measure.
 - (iii) The circumstance affects the measure such that calculating the measure score would lead to misleading or inaccurate results, which may include performance or compliance.
 - (iv) Out-of-date or conflicting technical standards.
 - (v) Technical and operational capacity of required partners.

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ONC Health IT Certification Program Updates

In the Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit, and Electronic Prior Authorization final rule, published as part of the [FY 2026 IPPS/LTCH final rule](#), Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ONC) finalized new and revised standards and certification criteria to the ONC Health IT Certification Program. These include the following: updates to minimum standards code sets, revisions to the electronic prescribing certification criterion, new real-time prescription benefit criterion, new certification criteria for modular API capabilities, and new certification criteria for electronic prior authorization.

Acronyms	
CAH	Critical Access Hospital
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CY	calendar year
EHR	electronic health record
FY	fiscal year
IPPS	Inpatient Prospective Payment System
IT	Information Technology
LTCH	Long-Term Care Hospital
ONC	Office of the National Coordinator for Health IT
PHA	public health agency
PPS	Prospective Payment System
SAFER	Safety Assurance Factors for Electronic Health Record Resilience
TEFCA™	Trusted Exchange Framework and Common Agreement®