

## Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs



### CY 2023 Available eCQMs

For calendar year (CY) 2023 eCQM reporting, hospitals participating in the Hospital IQR Program\* and the Medicare Promoting Interoperability Program\*\* are required to successfully submit data for the **mandatory Safe Use of Opioids – Concurrent Prescribing** electronic clinical quality measure (eCQM) and three (3) other available eCQMs from the table below, for four quarters, every quarter of the calendar year. **Each quarter must contain at least three self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM**. The eCQMs must be the same eCQMs across quarters in a given reporting year.

Hospitals can use any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions to reflect its total inpatient population. The data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the **2015 Edition Cures Update criteria**. To learn more about the update, visit [ONC's 21st Century Cures Act final rule](#).

The eCQM reporting deadline is **Thursday, February 29, 2024, 11:59 p.m. Pacific Time**. For additional information, visit the QualityNet [eCQMs Overview](#) page and the [eCQI Resource Center eCQM](#) page.

<b>Mandatory</b> <b>Safe Use of Opioids – Concurrent Prescribing*** (CMS506v5)</b>	
<b>ePC-02*** (CMS334v4)</b> Cesarean Birth	<b>ePC-07*** (CMS108v11)</b> Severe Obstetric Complications
<b>HH-01 (CMS816v2)</b> Hospital Harm -Severe Hypoglycemia	<b>HH-02 (CMS871v2)</b> Hospital Harm – Severe Hyperglycemia
<b>ED-2**** (CMS111v11)</b> Admit Decision Time to ED Departure Time for Admitted Patients	<b>PC-05**** (CMS9v11)</b> Exclusive Breast Milk Feeding
<b>STK-02 (CMS104v11)</b> Discharged on Antithrombotic Therapy	<b>STK-03 (CMS71v12)</b> Anticoagulation Therapy for Atrial Fibrillation/Flutter
<b>STK-05 (CMS72v11)</b> Antithrombotic Therapy By the End of Hospital Day 2	<b>STK-06**** (CMS105v11)</b> Discharged on Statin Medication
<b>VTE-1 (CMS108v11)</b> Venous Thromboembolism Prophylaxis	<b>VTE-2 (CMS190v11)</b> Intensive Care Unit Venous Thromboembolism Prophylaxis

\*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.

\*\*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs.

\*\*\*This eCQM is mandatory for CY 2024 reporting.

\*\*\*\*This eCQM will not be part of the measure set for CY 2024 reporting.

HH = Hospital Harm    ED = Emergency Department    PC = Perinatal Care    STK = Stroke    VTE = Venous Thromboembolism