

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



Calendar Year (CY) 2024 Available Electronic Clinical Quality Measures (eCQMs)

For CY 2024 eCQM reporting, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** are required to successfully submit four quarters of data for three eCQMs selected by CMS and three self-selected eCQMs. The eCQMs selected by CMS are: Safe Use of Opioids—Concurrent Prescribing; Cesarean Birth (electronic Perinatal Care [ePC]-02); and Severe Obstetric Complications (ePC-07). The three self-selected eCQMs must come from the table below. Each quarter must contain the same six eCQMs. 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 **Friday, February 28, 2025, 11:59 p.m. Pacific Time**. For additional information, visit the [QualityNet eCQMs Overview](#) page and the [eCQI Resource Center EH/CAH eCQM](#) page.

<p>CMS-Selected Safe Use of Opioids (CMS506v6) Safe Use of Opioids—Concurrent Prescribing ***</p>	<p>CMS-Selected ePC-02 (CMS334v5) Cesarean Birth ****</p>	<p>CMS-Selected ePC-07 (CMS1028v2) Severe Obstetric Complications **** (This eCQM is a risk-adjusted measure.)</p>
<p>HH-01 (CMS816v3) Hospital Harm—Severe Hypoglycemia</p>	<p>HH-02 (CMS871v3) Hospital Harm—Severe Hyperglycemia</p>	<p>HH-ORAE (CMS819v2) Hospital Harm—Opioid Related Adverse Events</p>
<p>GMCS (CMS986v2) Global Malnutrition Composite Score</p>	<p>VTE-1 (CMS108v12) Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 (CMS190v12) Intensive Care Unit Venous Thromboembolism Prophylaxis</p>
<p>STK-02 (CMS104v12) Discharged on Antithrombotic Therapy</p>	<p>STK-03 (CMS71v13) Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>	<p>STK-05 (CMS72v12) Antithrombotic Therapy By the End of Hospital Day 2</p>

*The submission of CY 2024 eCQM data will affect the FY 2026 payment determination.

**The submission of CY 2024 eCQM data will affect FY 2026 payment determination for eligible hospitals and FY 2024 payment determination for critical access hospitals (CAHs).

***This eCQM is mandatory for CY 2022 and subsequent years.

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Note: HH—Pressure Injury (PI); HH—Acute Kidney Injury (AKI); and Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults (ExRad) will be added to the CY 2025 measure set as finalized by the FY 2024 IPPS/LTCH PPS final rule.