

# 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 (Perinatal Care [PC]-02); and Severe Obstetric Complications (PC-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 the [Office of the National Coordinator Health Information Technology certification criteria](#) to meet the Certified Electronic Health Record Technology (CEHRT) requirement.

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

\*The submission of CY 2024 eCQM data will affect the fiscal year (FY) 2026 payment determination.

\*\*The submission of CY 2024 eCQM data will affect the FY 2026 payment determination for eligible hospitals and the 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 (IP-ExRad) will be added to the CY 2025 measure set as finalized by the FY 2024 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System final rule.**