Severe Obstetric Complications Electronic Clinical Quality Measure (eCQM)

Hospital-Specific Report User Guide

CY2025 eCQM Reporting Period

Contents

Tables

Acronyms

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
COVID-19	2019 novel coronavirus
CSV	Comma-separated values
DOB	Date of birth
eCQM	Electronic Clinical Quality Measure
EGA	Estimated gestational age
EHR	Electronic health record
FAQ	Frequently Asked Questions
FFS	Fee-for-service
FY	Fiscal year
HARP	HCQIS Access Roles and Profile
HCQIS	Health Care Quality Information Systems
HIPAA	Health Insurance Portability and Accountability Act of 1996
HQR	Hospital Quality Reporting
HSR	Hospital-Specific Report
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System
IP	Initial population
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH	Long-term care hospital
MA	Medicare Advantage
N/A	Not applicable
OB	Obstetrics
PC-07	Severe obstetric complications
PC-07a	All severe obstetric complications
PC-07b	Severe obstetric complications excluding delivery hospitalizations for which a blood transfusion was the only numerator event
PDF	Portable Document Format
PHI	Protected health information
PI	Promoting Interoperability
PII	Personally identifiable information
POA	Present on admission
PPS	Prospective payment system
QRDA	Quality Reporting Document Architecture
SNOMED-CT	Systematized Nomenclature of Medicine – Clinical Terms

Overview

This document accompanies the Hospital-Specific Report (HSR) for the calendar year (CY) 2025 electronic clinical quality measure (eCQM) reporting of the Severe Obstetric Complications eCQM, hereafter referred to as PC-07. The HSR includes electronic health record (EHR)-abstracted discharge-level data that the Centers for Medicare & Medicaid Services (CMS) will use to calculate your facility's PC-07 measure results. Each HSR includes facility-level performance data displayed on the *Measure detail dashboard* of the Hospital Quality Reporting (HQR) system as well as a downloadable comma-separated values (CSV) file with additional details and your facility's patient-level data. The facility-level performance data displayed in the HQR system is also available to download as a portable document format (PDF) and CSV file. This user guide describes the *Measure detail dashboard* data tables and the patient-level downloadable CSV file, both of which CMS used to calculate facilities' measure results from the CY 2025 reporting period, which applies to the FY 2027 payment determination in the Hospital Inpatient Quality Reporting (IQR) Program.

A. PC-07 Outcomes

PC-07 reports two outcomes:

a. All severe obstetric complications
b. Severe obstetric complications excluding delivery hospitalizations for which a blood transfusion was the only numerator event.

These outcomes are reported across the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability (PI) Program.

B. Updates for Calendar Year 2025 Reporting Period

CMS updated the measurement periods (as denoted in Table 1) and made the following changes to the CY 2025 PC-07 measure:

- Beginning with the CY 2025 reporting period, CMS is excluding delivery encounters where patients had a blood transfusion or hysterectomy with a diagnosis of placenta percreta or placenta increta and no additional severe obstetrical complications from the PC-07 measure numerator.
- Beginning with the CY 2024 reporting period, the PC-07 measure became one of the CMS-selected mandatory eCQMs on which facilities participating in the Hospital IQR and Medicare PI Programs must submit data, impacting fiscal year (FY) 2026 payment determination for eligible hospitals. However, CMS did not publicly report CY 2024 results for PC-07, after CMS identified mapping issues related to outcome events and inclusion of pre-existing conditions within Quality Reporting Document Architecture (QRDA) submissions. For the CY 2025 reporting period, which impacts FY 2027 payment determination for eligible hospitals, CMS will publicly report PC-07 results along with other CMS-selected eCQMs on the data catalog on Data.CMS.gov and the Compare tool on

Medicare.gov. Publicly reported PC-07 results include the facility's performance category (Top Performer, Middle Performer, or Bottom Performer), risk-standardized obstetric complications rate, and denominator. Refer to the Performance Categories section below for more details.

Table 1. CY 2025 reporting updated measurement periods

Measure	Updated measurement period
Severe Obstetric Complications (PC-07)	January 1, 2025, to December 31, 2025

C. Performance Categories

CMS assigns performance categories to hospitals to describe how each hospital compares to other hospitals in the nation. These performance categories indicate whether a hospital's performance ranked in the top, middle, or bottom category relative to overall performance among the hospitals in the nation. For the PC-07a and PC-07b measure outcomes, performance categories are determined using a percentile-based methodology. Specifically, hospitals are grouped based on their relative performance distribution, with thresholds defined by the top and bottom 25 percent of performers of hospitals with at least 25 eligible cases.

Hospital performance is assigned to one of the following performance categories:

Top Performer, if the hospital's measure rate falls within the top 25 percent of hospitals in the nation.

Middle Performer, if the hospital's measure rate falls within the middle 50 percent of hospitals in the nation.

Bottom Performer, if the hospital's measure rate falls within the bottom 25 percent of hospitals in the nation.

CMS assigns hospitals with fewer than 25 eligible cases during the reporting period a performance category of "number of cases too small." If a hospital has fewer than 25 eligible cases, measure performance cannot be reliably estimated. In these cases, CMS will not publicly report the applicable measure rates for that measure; however, CMS includes these data in hospitals' confidential HSR.

D. Accessing Your Hospital-Specific Report

HSRs can be accessed directly from the HQR system (log in required). Please refer to Appendix A for detailed HSR access instructions. You can also view a brief instructional video on how to access your reports.

NOTE: The accompanying patient-level downloadable CSV file contains discharge-level data protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Any disclosure of personally identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable laws. When referring to the contents of the CSV file, ONLY use the ID Number associated with the data in question. Do NOT send PII/PHI in your question.

Preview Period Process

CMS gives hospitals 30 days to preview their results and submit questions before reporting those results on the data catalog on Data.CMS.gov (also known as the Provider Data Catalog) and the Compare tool on Medicare.gov. This 30-day period is known as the Preview Period. CMS will notify hospitals of the exact dates of the 2026 Preview Period via email.

Please direct any questions or concerns regarding the Preview Period to the QualityNet Question and Answer Tool no later than 11:59 p.m. PT on the final day of the Preview Period. Select "Ask a Question" and choose "IQR-Inpatient Quality Reporting" in the Program list. Select "eCQM" in the Topic list and enter "Public Reporting Preview Period Inquiry" on the Subject line.

During the Preview Period, hospitals may not submit corrections to the underlying data or add new data to the data extract used to calculate the measure results.

E. Contacts and Additional Resources

For more information on the PC-07 measure, please use the resources and contacts in Table 2.[1]

Table 2. PC-07 resources and contacts

Type	Description and Access Instructions
Resources	• More information about PC-07, including measure calculation methodology and electronic specifications, can be found on the eCQI Resource Center. • For more information and resources about hospital reporting requirements for PC-07, including the measure's Fact Sheet and Frequently Asked Questions (FAQ) document, visit the QualityNet website at https://qualitynet.cms.gov/inpatient/measures/ecqm
Contacts	• Please send technical PC-07 measure questions about measure calculation methodology (e.g., cohort inclusions, measure exclusions, approach to risk adjustment, and assessment of the outcome) to the eCQM Jira Issue Tracker (log in required).
Contacts *(continued)*	• Please send PC-07 implementation and program questions to the QualityNet Question and Answer Tool. Select "Ask a Question" and choose "IQR - Inpatient Quality Reporting" in the program List and then select "eCQMs" from the Topic list and enter "PC-07" as the subtopic.

PC-07 Measure: HSR Contents

This chapter describes the contents of your *Measure detail dashboard* and patient-level CSV file for the PC-07 measure for PC-07a and PC-07b outcomes. For more information on how the measure results are calculated, refer to the eCQI Resource Center.

In the HSR, "--" indicates no available measure data because there are no available data or not enough available data associated with the facility. N/A indicates the data element is not

[1] The accompanying CSV file contains discharge-level data protected by the HIPAA. Any disclosure of PII or PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of the CSV file, ONLY use the ID Number associated with the data in question. Do NOT send PII/PHI in your question.

applicable, and a value will never be displayed for that data element, independent of whether there is applicable data associated with the facility.

A. Performance Overview

The Performance Overview section of the *Measure detail dashboard* (which is also available as downloadable CSV and PDF files) displays facility, state, and national results for the PC-07 measure for the PC-07a and PC-07b outcomes. Table 3 lists the data elements in the PC-07 Performance Overview section.

Performance Category

Your hospital's performance category is displayed above the data table in the Performance Overview section. This describes how your hospital compares to other hospitals in the nation and is displayed as Top Performer, Middle Performer, or Bottom Performer. If your hospital has fewer than 25 eligible cases during the measurement period, your hospital's performance category will be "number of cases too small."

Performance Information

Below the performance category is a data table that provides more detailed information on how your hospital's performance on the PC-07 measure compares to other hospitals in your state and in the nation. Table 3 provides more information on the data elements provided in that table.

Table 3. Performance information for the PC-07 measure (PC-07a and PC-07b outcomes)

Data element	Description
Risk-Standardized Rate (per 10,000)	Facility: A risk-standardized severe obstetric complication rate adjusted for differences in case mix across facilities and a facility-specific effect. Lower facility rates indicate better performance. For PC-07a, the rate includes all severe obstetric complications. For PC-07b, the rate includes severe obstetric complications excluding delivery hospitalizations for which a blood transfusion was the only numerator event. State: A weighted average of all facilities' risk-standardized rates in your state. Lower rates indicate better performance. National: A weighted average of all facilities' risk-standardized rates in the nation. Lower rates indicate better performance.
Numerator (Outcome Events among Eligible Deliveries)	Total number of eligible deliveries that had a qualifying outcome event at your facility, in your state, or in the nation. This is the numerator of the observed rate. This is not publicly reported but appears in your HSR as a reference.
Denominator (Eligible Deliveries)	Total number of eligible deliveries at your facility, in your state, or in the nation.
Observed Rate (per 10,000) (Numerator/Denominator)	Number of eligible deliveries at your facility, in your state, or in the nation that had a qualifying outcome event, divided by the number of eligible deliveries at your facility, in your state, or in the nation. This rate is not risk-adjusted to account for case-mix differences across facilities. The observed rate is not publicly reported but appears in your HSR as a reference.

B. Summary of Specific Complications Among all Eligible Deliveries

The Summary of Specific Complications Among all Eligible Deliveries section of the *Measure detail dashboard* includes the number and percent of each complication, including death, that patients experienced at your hospital during their delivery as well as the percent of each complication in your state and in the nation. Numbers may not add up to 100% as some patients experienced more than one complication. Table 4 lists the data elements in the Summary of Specific Complications Among all Eligible Deliveries section.

If your hospital has no qualifying deliveries for one or more of the complications, "--" will appear in the corresponding cells for those complications.

Table 4. Distribution of delivery complications for the PC-07 measure

Data element	Description
Complication Category	The severe maternal morbidity diagnoses used to identify numerator-qualifying complications, grouped by complication categories. For complication categories (e.g., Cardiac), the reported values are aggregated across the subcategories (e.g., Acute heart failure, Acute myocardial infarction, etc.), with each complication category counted only once per patient, regardless of the number of qualifying diagnoses within that category.
Complication: Facility	Percentage (and number) of deliveries included in the PC-07 measure from your facility with the specified complication. A patient may have more than one complication associated with a delivery, but only one complication is counted in the observed complication rate. Therefore, the percentage and number of individual complications may not add up to the observed complication rate (per 10,000) and numerator, respectively. However, if a patient has the same specific complication coded multiple times, it is only counted once in the specific complication rates provided.
Complication: State	Percentage of deliveries included in the PC-07 measure from your state with the complication.
Complication: National	Percentage of deliveries included in the PC-07 measure from your nation with the complication.

C. PC-07 Discharges CSV File

Your facility's *PC-07 Discharges* CSV file provides your facility's discharge-level data for all records submitted, regardless of inclusion in the initial population (IP). The IP is defined as all patients aged 8 and older and less than 65 admitted for inpatient acute care who undergo a delivery procedure The inpatient hospitalization with the delivery procedure must have a discharge date within the measurement period to be included in the IP. Table 5 lists the data elements in this CSV file.[2]

Table 5. Discharge-level information for the PC-07 measure

Data element	Description
ID Number	Unique identifier for each discharge in this file.
Provider ID	CMS Certification Number (CCN; 6-digit provider ID) for the facility where the delivery procedure occurred.
Patient ID	Facility submitted unique patient ID.
Beneficiary DOB	Patient date of birth (DOB) (MM/DD/YYYY).
Admission Date	Admission Date for delivery procedure (MM/DD/YYYY)
Gestational Age	Gestational age at time of delivery (weeks). Gestational age (GA) is calculated using one of the following three approaches, in order of precedence: 1. The GA is calculated using the 2014 American College of Obstetricians and Gynecologists ReVITALize guidelines. Gestational Age = (280-(Estimated Due Date‡ minus Reference Date‡‡))/7 2. The GA is obtained from a discrete field in the electronic health record. This option is only used when the calculated GA is not available. 3. The GA is based on ICD-10-CM or SNOMED-CT codes indicative of weeks gestation. This option is only used when results from approaches #1 and #2 (see above) are not available. ‡ Estimated Due Date (EDD): The best obstetrical EDD is determined by last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization (e.g., assisted reproductive technology). ‡‡ Reference Date is the date on which you are trying to determine gestational age. For purposes of this eCQM, Reference Date would be the Date of Delivery.

[2] The accompanying CSV file contains discharge-level data protected by the HIPAA. Any disclosure of PII or PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of the CSV file, ONLY use the ID Number associated with the data in question. Do NOT send PII/PHI in your question.

Data element	Description
Inclusion/Exclusion Indicator	A value of 0 indicates that the discharge was included in the measure calculations (denominator); any value of 1-3 indicates that this exclusion applied to that discharge, thus excluding it from the measure. Although information is provided for all patients (that is, those included in the measure and excluded), your facility's final cohort for the measure includes only those patients with an inclusion/exclusion indicator of 0. For more information on the cohort inclusion and exclusion criteria, visit the eCQI Resource Center. 0. Admission is included in measure calculation. 1. Patient is not in the Initial Population (IP). * 2. Gestational age was not greater than or equal to (>=) 20 weeks. 3. Patient had a primary or secondary diagnosis of COVID-19 and a diagnosis or procedure for a respiratory complication during the encounter. * The Initial Population includes patients aged ≥ 8 to < 65 who undergo a delivery.
Patient Had Any Complication (Yes/No)	"Yes" indicates the patient had an eligible severe obstetric complication or died during the inpatient hospitalization and is included in the PC-07a measure numerator. Eligible complications include: • Acute heart failure • Acute myocardial infarction • Aortic aneurysm • Cardiac arrest/ventricular fibrillation • Heart failure/arrest during procedure or surgery • Disseminated intravascular coagulation • Shock • Acute renal failure • Adult respiratory distress syndrome • Pulmonary edema • Sepsis • Air and thrombotic embolism • Amniotic fluid embolism • Eclampsia • Severe anesthesia complications • Puerperal cerebrovascular disorder • Sickle cell disease with crisis • Blood transfusion • Conversion of cardiac rhythm • Hysterectomy • Temporary Tracheostomy • Ventilation
Patient Had a Complication (Excluding Transfusion) (Yes/No)	"Yes" indicates the patient had an eligible severe obstetric complication or died during the inpatient hospitalization, excluding blood transfusion only cases, and is included in the PC-07b measure numerator. Refer to the Complication data element for full list of eligible complications.

Data element	Description
Numerator Exclusion (Yes/No)	"Yes" indicates the patient is excluded from the PC-07 measure numerator due to an inpatient hospitalization with blood transfusion or hysterectomy with a diagnosis of placenta percreta or placenta increta and no additional severe obstetrical complications.
Complication	Identifies the Severe Obstetric Complication that occurred: 0. No complications 1. Blood Transfusion 2. Acute heart failure 3. Acute myocardial infarction 4. Aortic aneurysm 5. Cardiac arrest/ventricular fibrillation 6. Heart failure/arrest during procedure or surgery 7. Conversion of cardiac rhythm 8. Disseminated intravascular coagulation 9. Shock 10. Renal Failure (Acute) 11. Adult respiratory distress syndrome 12. Pulmonary edema 13. Temporary tracheostomy 14. Ventilation 15. Sepsis 16. Air and thrombotic embolism 17. Amniotic fluid embolism 18. Eclampsia 19. Severe anesthesia complications 20. Hysterectomy 21. Puerperal cerebrovascular disorder 22. Sickle cell disease with crisis 23. Death [Discharge disposition of expired]
Payer	Medicaid Private Medicaid and Private Other Declined/Unknown
Anemia	Anemia, including sickle cell disease 0 = No 1 = Yes "1" indicates that the condition was present on admission (POA) and defined by ICD-10 codes
Asthma	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes

Data element	Description
Autoimmune Disease	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Bariatric Surgery	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Bleeding Disorder	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
BMI ≥ 40	Body Mass Index (BMI) 0 = BMI < 40 1 = BMI ≥ 40 "1" indicates that the condition was POA and defined by ICD-10 codes
Cardiac Disease	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Economic Housing Instability	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Gastrointestinal Disease	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Gestational Diabetes	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
HIV	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Hypertension	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Long-Term Anticoagulant Use	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Maternal Age	Patient age (derived from date of birth) < 20 20 to < 25 25 to < 30 30 to < 35 35 to < 40 40 and older

Data element	Description
Mental Health Disorder	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Multiple Pregnancy	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Neuromuscular Disease	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Obstetric VTE	Obstetric Venous Thromboembolism (VTE) 0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Other pre-eclampsia	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Placenta Previa	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Placental Abruption	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Placental Accreta Spectrum	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Pre-existing Diabetes	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Preterm Birth	0 = No 1 = Yes "1" indicates preterm birth as determined by gestational age
Previous Cesarean	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Pulmonary Hypertension	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Renal Disease	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Severe pre-eclampsia	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes

Data element	Description
Substance Abuse	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Thyrotoxicosis	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Heart Rate	0 = Result < 110 1 = Result ≥ 110 2 = Missing/not submitted/incorrect format First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
Heart Rate: Beats/Min	Beats per minute. First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
Systolic Blood Pressure	0 = Result < 140 1 = Result ≥ 140 and < 160 2 = Result ≥ 160 3 = Missing/not submitted/incorrect format First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
Systolic Blood Pressure: mm [Hg]	mm [Hg]. First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
Hematocrit	0 = Result < 33 1 = Result ≥ 33 2 = Missing/not submitted/incorrect format First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
Hematocrit: Percent	Percent. First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
White Blood Cell Count	0 = Result < 14 1 = Result ≥ 14 2 = Missing/not submitted/incorrect format First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.
White Blood Cell Count: 10*3/uL	10*3/uL. First resulted value within 24 hours prior to initial encounter (earliest between inpatient admission, emergency department/obstetric triage, observation stay) and before delivery.

Appendix A. Accessing Your Hospital-Specific Report

HSRs can be accessed directly from the HQR system (log in required). Follow the steps below to access your HSR via the HQR system. You can view a brief instructional video on how to access your reports.

Step 1: Log in to the HQR system using a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account

- The HQR system now requires users to have a HARP account with access to Unified File Management, rather than Managed File Transfer to log in. If you have a HARP account, visit the HQR log in page and log in using your HARP user ID and password. If you do not have a HARP account, you may register for a HARP ID.

Step 2: Access your HSR in HQR

- Log in to the HQR system using your HARP ID credentials and navigate through the steps listed below to download your HSR:
  - From the left-hand navigation menu, select "Program Reporting"
  - Then select "Measure Details"
  - Next, select the "Measure Detail Dashboard"
  - On the Measure Detail Dashboard, select the program in which you are interested (IQR/PR).
  - Next, select "Maternal health measures"
  - Select the report you are interested in (PC-07a or PC-07b)
  - Select the release year in which you are interested (2026). If applicable, select the name of the facility you are interested in and its CMS Certification Number (CCN).
  - If applicable, select the measure in which you are interested.
  - Your hospital's performance results will appear. Click on the header of each section to expand the data table within each section (e.g., click on "Performance Overview" to expand the Performance overview data table.)
  - To download your hospital's patient- or performance-level CSV file and performance-level PDF, select "Export," and then choose the option you are interested in. The files will be downloaded through your browser. Once downloaded, open the ZIP file to view your hospital's information.

If you have any issues accessing your HSR, please contact the Center for Clinical Standards and Quality Service Center at qnetsupport@cms.hhs.gov, or by calling, toll free, 866-288-8912 (TRS 711), weekdays from 8:00 a.m. to 8:00 p.m. ET. For questions related to HARP registration, please visit the HARP Help page or contact qnetsupport@cms.hhs.gov.