CY 2021 (FY 2023)
Available Electronic Clinical Quality Measures (eCQMs)

For calendar year (CY) 2021 reporting (fiscal year [FY] 2023 payment determination), hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program are required to successfully submit data for at least **four (4) of the nine (9) eCQMs available**, as shown below, for two self-selected quarters. The self-selected 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 existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both.

CMS extended the CY 2021 reporting deadline from Monday, February 28, 2022, to Thursday, March 31, 2022, 11:59 p.m. Pacific Time.

For additional information, please visit the QualityNet eCQMs Overview page.

ED-2 CMS111v9 Admit Decision Time to ED Departure Time for Admitted Patients	**PC-05** CMS9v9 Exclusive Breast Milk Feeding	**STK-02** CMS104v9 Discharged on Antithrombotic Therapy	**STK-03** CMS71v10 Anticoagulation Therapy for Atrial Fibrillation/Flutter	**STK-05** CMS72v9 Antithrombotic Therapy By End of Hospital Day 2
STK-06 CMS105v9 Discharged on Statin Medication	**VTE-1** CMS108v9 Venous Thromboembolism Prophylaxis	**VTE-2** CMS190v9 Intensive Care Unit Venous Thromboembolism Prophylaxis	**Safe Use of Opioids*** CMS506v3 Safe Use of Opioids– Concurrent Prescribing **All hospitals are required to report this measure beginning with the CY 2022 reporting period (FY 2024 payment determination).*	

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