



# **Severe Obstetric Complications Electronic Clinical Quality Measure (eCQM)**

Hospital-Specific Report User Guide

CY2024 eCQM Reporting Period

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## Acronyms

CCN	CMS Certification Number	ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System
CMS	Centers for Medicare & Medicaid Services	IPPS	Inpatient Prospective Payment System
COVID-19	2019 Novel Coronavirus	IQR	Inpatient Quality Reporting
CSV	comma-separated values	LTCH	long-term care hospital
DOB	date of birth	MA	Medicare Advantage
eCQM	Electronic Clinical Quality Measure	N/A	not applicable
EGA	estimated gestational age	OB	Obstetrics
EHR	electronic health record	PC-07	Severe Obstetric Complications
FAQ	Frequently Asked Questions	PC-07a	Severe Obstetric Complications
FFS	fee-for-service	PC-07b	Severe Obstetric Complications Excluding Delivery Hospitalizations for which a Blood Transfusion was the Only Numerator Event
FY	fiscal year	PDF	Portable Document Format
HARP	HCQIS Access Roles and Profile	PHI	protected health information
HCQIS	Health Care Quality Information Systems	PII	personal Identifiable Information
HIPAA	Health Insurance Portability and Accountability Act of 1996	POA	present on admission
HQR	Hospital Quality Reporting	PPS	prospective payment system
HSR	Hospital-Specific Report		
ICD	<i>International Classification of Diseases</i>		
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification		

## Overview

This document accompanies the Hospital-Specific Report (HSR) for the calendar year (CY) 2024 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 downloadable comma-separated values (CSV) files 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 2024 reporting period, which applies to the FY 2026 payment determination in the Hospital Inpatient Quality Reporting (IQR) Program.

### A. PC-07 Outcomes

PC-07 reports two outcomes:

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

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

### B. Updates for Calendar Year 2024 Reporting Period

CMS updated the discharge periods (as denoted in Table 1) and made the following changes to the CY 2024 PC-07 measure:

- Beginning with the CY 2024 reporting period (that is, discharges occurring in CY 2024), the PC-07 measure is one the CMS-selected mandatory eCQMs that facilities participating in the Hospital IQR and Medicare Promoting Interoperability Programs must submit data on, impacting fiscal year (FY) 2026 payment determination for eligible hospitals. CMS will publicly report the PC-07 facility results, along with other mandatory eCQMs, on the data catalog on [Data.cms.gov](https://data.cms.gov).
- CMS will no longer confidentially report facilities' PC-07 results stratified by race or ethnicity and payer type nor will it report the PC-07 disparity methods calculations for race or ethnicity and payer type.

**Table 1. CY 2024 reporting updated discharge periods**

Measures	Updated discharge period
Severe Obstetric Complications (PC-07)	January 1, 2024 to December 31, 2024

## C. Accessing Your Hospital-Specific Report

HSRs can be accessed directly from the [HQR system](#) (login 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 files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal 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 files, 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) website in 2025. This 30-day period is known as the Preview Period. CMS will notify hospitals of the exact dates of the 2025 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.

## D. Contacts and Additional Resources

For more information on the PC-07 measure, please use the resources and contacts in Table 2.<sup>1</sup>

**Table 2. PC-07 resources and contacts**

Type	Description and Access Instructions
Resources	<ul style="list-style-type: none"> <li>More information about PC-07, including measure calculation methodology, and electronic specifications can be found on the <a href="#">eCQI Resource Center</a>.</li> <li>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 <a href="#">QualityNet</a> website at <a href="https://qualitynet.cms.gov/inpatient/measures/ecqm">https://qualitynet.cms.gov/inpatient/measures/ecqm</a></li> </ul>
Contacts	<ul style="list-style-type: none"> <li>Please send technical PC-07 measure questions about measure calculation methodology (the cohort inclusions, measure exclusions, approach to risk adjustment, and assessment of the outcome) to the <a href="#">eCQM Jira Issue Tracker</a> (log in required). To send your technical measure questions on <a href="#">JIRA</a> &gt; create an issue ticket or <a href="#">General Questions</a> &gt; Program &gt; IQR - Inpatient Quality Reporting &gt; Topic: eCQMs.</li> </ul>

<sup>1</sup> The accompanying CSV files contain 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 files, ONLY use the ID Number associated with the data in question. Do NOT send PII/PHI in your question.

Type	Description and Access Instructions
	<ul style="list-style-type: none"> <li>Please send PC-07 implementation and program questions to the <a href="#">QualityNet Question and Answer Tool</a>. 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.</li> </ul>

## 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 is no available data or not enough available data associated with the facility. N/A indicates the data element is not 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 PC-07a and PC-07b outcomes. Table 3 lists the data elements in the PC-07 Performance Overview section.

**Table 3. Performance information for the PC-07 Measure for PC-07a and PC-07b outcomes**

Data element	Description
Risk-Standardized Rate (per 10,000)	<p><u>Your facility</u>: A rate adjusted for differences in case mix across facilities and a facility-specific effect. Lower facility rates indicate better performance.</p> <p><u>State</u>: A weighted average of all facilities’ risk-standardized rates in your state. Lower rates indicate better performance.</p> <p><u>National</u>: A weighted average of all facilities’ risk-standardized rates in the nation. Lower rates indicate better performance.</p>
Numerator (Outcome Events among Eligible Deliveries)	<p>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.</p> <p>This is not publicly reported but appears in your HSR as a reference.</p>
Denominator (Eligible Deliveries)	<p>Total number of eligible deliveries at your facility, in your state, or in the nation.</p>
Observed Rate (per 10,000) (Numerator/Denominator)	<p>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.</p> <p>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.</p>

## B. 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 patient population (IPP). The IPP is defined as all patients aged 8 and older and less than 65 admitted for inpatient acute care to undergo a delivery procedure at or after 20 weeks, zero days gestation. The delivery procedure must have a discharge date within the calendar year to be included in the IPP. Table 4 lists the data elements in this CSV file.<sup>2</sup>

**Table 4. Discharge-level results for the PC-07 Measure**

Data element	Description
ID Number	Unique identifier for each discharge included in the CSV.
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	Gestation at time of delivery (weeks). Defined by the estimated gestational age (EGA), estimated based on the following formula from the American College of Obstetricians and Gynecologists ReVITALize guideline: Gestational age = (280 - (Estimated due date - Reference date))/7, or identified in a discrete field in the EHR, or based on ICD10 or SNOMED codes. For purposes of this eCQM, "Reference Date" is the identified "Date of Delivery".
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 <a href="#">eCQI Resource Center</a> . 0. Admission is included in measure calculation. 1. Patient is not in the Initial Patient Population (IPP).* 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. * The Initial Patient Population includes patients who are admitted for a delivery and/or are aged ≥ 8 to < 65.

<sup>2</sup> The accompanying CSV files contain 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 files, ONLY use the ID Number associated with the data in question. Do NOT send PII/PHI in your question.



Data element	Description
Patient Had Any Complication (Yes/No)	<p>“Yes” indicates the patient had an eligible complication or died during the inpatient encounter. Eligible complications include:</p> <ul style="list-style-type: none"> <li>• Acute heart failure</li> <li>• Acute myocardial infarction</li> <li>• Aortic aneurysm</li> <li>• Cardiac arrest/ventricular fibrillation</li> <li>• Heart failure/arrest during procedure or surgery</li> <li>• Disseminated intravascular coagulation</li> <li>• Shock</li> <li>• Acute renal failure</li> <li>• Adult respiratory distress syndrome</li> <li>• Pulmonary edema</li> <li>• Sepsis</li> <li>• Air and thrombotic embolism</li> <li>• Amniotic fluid embolism</li> <li>• Eclampsia</li> <li>• Severe anesthesia complications</li> <li>• Puerperal cerebrovascular disorder</li> <li>• Sickle cell disease with crisis</li> <li>• Blood transfusion</li> <li>• Conversion of cardiac rhythm</li> <li>• Hysterectomy</li> <li>• Tracheostomy</li> <li>• Ventilation</li> </ul>
Patient Had a Complication (excluding transfusion) (Yes/No)	<p>“Yes” indicates the patient had an eligible complication, excluding blood transfusion only cases, or died during the inpatient encounter. Refer to the <a href="#">Complication</a> data element for full list of eligible complications.</p>
Complication	<p>Identifies the Severe Obstetric Complication that occurred:</p> <ol style="list-style-type: none"> <li>0. No complications</li> <li>1. Blood Transfusion</li> <li>2. Cardiac: Acute heart failure</li> <li>3. Cardiac: Acute myocardial infarction</li> <li>4. Cardiac: Aortic aneurysm</li> <li>5. Cardiac: Cardiac arrest/ventricular fibrillation</li> <li>6. Cardiac: Heart failure/arrest during procedure or surgery</li> <li>7. Cardiac: Conversion of cardiac rhythm</li> <li>8. Hemorrhage: Disseminated intravascular coagulation</li> <li>9. Hemorrhage: Shock</li> <li>10. Renal</li> <li>11. Respiratory: Adult respiratory distress syndrome</li> <li>12. Respiratory: Pulmonary edema</li> <li>13. Respiratory: Temporary tracheostomy</li> <li>14. Ventilation</li> </ol>

Data element	Description
Complication ( <i>continued</i> )	15. Sepsis 16. Other OB: Air and thrombotic embolism 17. Other OB: Amniotic fluid embolism 18. Other OB: Eclampsia 19. Other OB: Severe anesthesia complications 20. Other: Puerperal cerebrovascular disorder 21. Other: Sickle cell disease with crisis 22. Other: Hysterectomy 23. Death [Discharge disposition of expired]
Payer	Medicaid Private Medicaid and Private Other Declined/Unknown
Anemia	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
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
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

Data element	Description
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
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
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 Preeclampsia	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
Placental Abruption	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
Preexisting Diabetes	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes

Data element	Description
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 preeclampsia	0 = No 1 = Yes "1" indicates that the condition was POA and defined by ICD-10 codes
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.

Data element	Description
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 Cells 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 Cells 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.
Long-Term Anticoagulant Use	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

## 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 into 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 (2025). 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 files and performance-level PDFs, 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 [gnetsupport@cms.hhs.gov](mailto:gnetsupport@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 [gnetsupport@cms.hhs.gov](mailto:gnetsupport@cms.hhs.gov).