Severe Obstetric Complications Electronic Clinical Quality Measure (eCQM)

User Guide for the Hospital-Specific Discharge-Level CSV File
CY2023 eCQM Reporting

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Overview

This document accompanies the discharge-level comma-separated values (CSV) file for the Calendar Year (CY) 2023 electronic clinical quality measure (eCQM) reporting of the Severe Obstetric Complications eCQM, hereafter referred to as ePC-07. The file includes electronic health record (EHR)-abstracted discharge-level data that the Centers for Medicare & Medicaid Services (CMS) will use to calculate your hospital's ePC-07 measure results. ePC-07 reports two outcomes: (a) severe obstetric complications, and (b) severe obstetric complications excluding delivery hospitalizations for which a blood transfusion was the only numerator event.

This document defines the data included in the discharge-level CSV file and provides reference information and instructions for interpreting the data included in the discharge-level CSV file. The user guide includes the following sections:

For hospital-level results for the ePC-07 measure, please visit the "Measure details" page of the Hospital Quality Reporting (HQR) system (login required).

A. Who is Receiving the ePC-07 Discharge-Level CSV File

Only hospitals that self-selected and reported patient-level data for ePC-07 for inpatient discharges occurring between January 1, 2023 to December 31, 2023 by February 29, 2024 will receive an ePC-07 discharge-level CSV file for the CY 2023 eCQM reporting period.

B. Accessing Your Discharge-Level CSV File

Your hospitals' ePC-07 discharge-level CSV file, which includes both measure outcomes, can now be downloaded directly from the Hospital Quality Reporting (HQR) system (login required). Follow the steps below to access your discharge-level CSV via the HQR system. You can view a brief instructional video on how to download your report.

Step 1: Log into the HQR System using a HARP account

- The HQR System requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and a Profile (HARP) account with access to Managed File Transfer (MFT) to log in. If you currently have a HARP account, visit the HQR login 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 discharge-level CSV in HQR

- Log into the HQR System using your HARP ID account. Select "Log In"
  - From the left-hand navigation menu, select "Program Reporting"
  - Then select **"**Measure details"
  - Click the "Measure details view" option
  - Select the "IQR" option
  - Select the "ePC-07a" or "ePC-07b" option depending on your need
  - From the "Measure details view" page, click the "Export" dropdown on the top right of your screen
  - Select **"**CSVs (discharge-level data)"

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

Background

A. Hospital Reporting Requirements for ePC-07

The Fiscal Year (FY) 2023 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) final rule (page 49226) adopted the Severe Obstetric Complications eCQM as one of the eCQMs in the measure set from which hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and/or the Medicare Promoting Interoperability Program could self-select to report for the CY 2023 reporting period. The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the eCQM reporting requirement for both programs. Hospitals that do not participate, or participate but fail to meet program requirements, are subject to a payment reduction under both programs for the applicable fiscal year.

- For the CY 2023 eCQM reporting period (that is, discharges occurring in CY 2023), the measure was reported only if self-selected by a hospital. Hospitals participating in the Hospital IQR Program[1] and the Medicare Promoting Interoperability Program[2] were required to report data for three self-selected eCQMs in addition to the CMS-selected Safe Use of Opioid-Concurrent Prescribing eCQM for each of the four calendar quarters by the submission deadline. More information on the CY 2023 reporting requirements can be found on the eCQM page on QualityNet.

[1] The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.
[2] The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for critical access hospitals.

- Beginning with the CY 2024 reporting period, the measure becomes mandatory and is one of the CMS-selected eCQMs that hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs must submit data on.

B. Confidential Disparities Reporting

CMS applies a disparity methodology to calculate differences in care for patients based on their (1) race/ethnicity, and (2) payer type, on ePC-07 at a given hospital. CMS confidentially reports these rates in the hospital's report available in the HQR dashboard. To calculate these rate differences CMS uses a within hospital disparity methodology that assess the difference in ePC-07 rates among comparison groups.

- For race/ethnicity, CMS reports a risk-standardized rate difference among the three following comparison groups:
  - (1) Patients who are White (non-Hispanic) and patients who are Black (non-Hispanic)
  - (2) Patients who are White (non-Hispanic) and patients who are Hispanic
  - (3) Patients who are White (non-Hispanic) and patients who are Asian American and Native Hawaiian, Pacific Islander (AA and NHPI).
- For payer type, CMS reports a risk-standardized rate difference among a single comparison group – patients with Medicaid coverage and patients with private health insurance.
- CMS uses the race/ethnicity and payer type included on the submitted Quality Reporting Document Architecture (QRDA) file (that is, CMS does not impute race/ethnicity) and CMS also reports discharge level race/ethnicity and payer type values in the ePC-07 discharge-level CSV file. For more information on the ePC-07 methodology, users can access technical appendix on the measure's eCQI resource page or measure FAQ on the eCQM resources page on QualityNet.

C. Public Reporting of ePC-07 Data

As finalized in the FY 2021 IPPS/LTCH PPS final rule (page 58953), CMS required eCQM data to be publicly reported beginning with the CY 2021 reporting period and for subsequent years. For CY 2023 eCQM reporting, beginning with the Fall 2024 public reporting release, CMS will publicly report ePC-07 facility results to the data catalog on Data.cms.gov on an annual basis. Beginning with CY 2024 eCQM reporting, CMS will publicly report the ePC-07 facility results, along with other mandatory eCQMs, on the Compare tool on Medicare.gov. Hospitals will continue to have the opportunity to preview their data before the data are publicly reported during a 30-day preview period. CMS will announce via ListServ communication once the previous period is open. More information on public reporting can be found on the public reporting page on QualityNet.

File Contents and Descriptions

This section describes the fields included in your hospital's ePC-07 discharge-level CSV file.

Your hospital's discharge-level CSV file contains your hospital's submitted records for all discharges.

A. Understanding Discharge-level Results for the ePC-07

Table 1 (ePC-07 Discharges)

Table 1 (ePC-07 Discharges) provides your hospital'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 between **January 1, 2023 and December 31, 2023** to be included in the IPP. Missing patient characteristic data is denominated by "--" in the CSV. Table 1 lists the data elements in the ePC-07 eCQM discharge-level CSV file.

NOTE: The accompanying CSV file contains 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 law. When referring to the contents of the CSV file, ONLY use the ID Number associated with the records in question. Do NOT send PII/PHI in your question.

Table 1. Discharge-level Results for ePC-07: Discharge-CSV Contents

Column	Column Name	Description
Column A	ID Number	Unique identifier for each discharge included in the CSV.
Column B	Provider ID	CMS Certification Number (CCN; 6-digit provider ID) for the hospital where the delivery procedure occurred.
Column C	Patient ID	Hospital submitted unique patient ID.
Column D	Beneficiary DOB	Patient date of birth (DOB) (MM/DD/YYYY).
Column E	Admission Date	Admission Date for delivery procedure (MM/DD/YYYY).
Column F	Gestational Age	Gestation at time of delivery (weeks). Defined by the EGA, identified in a discrete field in the EHR, or 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 For purposes of this eCQM, "Reference Date" is the identified "Date of Delivery.

Column	Column Name	Description
Column G	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 hospital'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 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.
Column H	Patient Had Any Complication	Yes/No. "Yes" indicates the patient had an eligible complication or died during the inpatient encounter. 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 • Tracheostomy • Ventilation
Column I	Patient Had a Complication (excluding transfusion)	Yes/No. "Yes" indicates the patient had an eligible complication, excluding blood transfusion only cases, or died during the inpatient encounter. Refer to column H for full list of eligible complications.

Column	Column Name	Description
Column J	Race/Ethnicity	0 = White (non-Hispanic) 1 = Black (non-Hispanic) 2 = Hispanic 3 = Non-Hispanic Asian American and Native Hawaiian or other Pacific Islander (AA and NHPI) 4 = Multiple/Other
Column K	Payer	Medicaid Private Medicaid and Private Other Declined/Unknown Medicaid and Private
Column L	Anemia	0= No 1= Yes “1” indicates that the condition was present on admission (POA) and defined by ICD-10 codes
Column M	Asthma	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column N	Autoimmune Disease	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column O	Bariatric Surgery	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column P	Bleeding Disorder	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column Q	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
Column R	Cardiac Disease	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column S	Gastrointestinal Disease	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column T	Gestational Diabetes	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column U	HIV	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes

Column	Column Name	Description
Column V	Hypertension	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column W	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
Column X	Mental Health Disorder	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column Y	Multiple Pregnancy	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column Z	Neuromuscular Disease	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AA	Obstetric VTE	Obstetric Venous Thromboembolism (VTE) 0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AB	Other Preeclampsia	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AC	Placental Accreta Spectrum	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AD	Placental Abruption	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AE	Placenta Previa	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AF	Preexisting Diabetes	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes
Column AG	Preterm Birth	0= No 1= Yes “1” indicates preterm birth as determined by gestational age
Column AH	Previous Cesarean	0= No 1= Yes “1” indicates that the condition was POA and defined by ICD-10 codes

Column	Column Name	Description
Column AI	Pulmonary Hypertension	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AJ	Renal Disease	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AK	Severe preeclampsia	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AL	Substance Abuse	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AM	Thyrotoxicosis	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AN	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.
Column AO	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.
Column AP	Systolic Blood Pressure	0= Result <140 1= Result ≥140 & <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.
Column AQ	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.
Column AR	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.
Column AS	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.

Column	Column Name	Description
Column AT	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.
Column AU	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.
Column AV	Long-Term Anticoagulant Use	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes
Column AW	Economic Housing Instability	0= No 1= Yes "1" indicates that the condition was POA and defined by ICD-10 codes

Contacts

For more information, please use the contacts in Table 2.

Table 2. Measure Resources and Contacts

Resources
• More information about ePC-07, including measure calculation methodology, and electronic specifications can be found on the eCQI Resource Center. • Please send questions about the ePC-07 implementation and measure calculation methodology (the cohort inclusions, measure exclusions, approach to risk adjustment, and assessment of the outcome) to the eCQM Jira Issue Tracker (log in required). • For more information about hospital reporting requirements for ePC-07, visit the QualityNet website at Hospitals-Inpatient > Measures > Electronic Clinical Quality Measures (eCQMs) > Learn More.