

Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs



Calendar Year (CY) 2025 Available Electronic Clinical Quality Measures (eCQMs)

For CY 2025 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 [Assistant Secretary for Technology Policy/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 **Monday, March 2, 2026, 11:59 p.m. Pacific Time**. For additional information, visit the [QualityNet eCQMs Overview](#) page and the [eCQI Resource Center Eligible Hospital/Critical Access Hospital eCQM](#) page.

CMS-Selected Safe Use of Opioids (CMS506v7) Safe Use of Opioids—Concurrent Prescribing	CMS-Selected PC-02 (CMS334v6) Cesarean Birth	CMS-Selected PC-07 (CMS1028v3) Severe Obstetric Complications (This eCQM is a risk-adjusted measure.)
HH-HYPO (CMS816v4) Hospital Harm—Severe Hypoglycemia	HH-HYPER (CMS871v4) Hospital Harm—Severe Hyperglycemia	HH-ORAE (CMS819v3) Hospital Harm—Opioid Related Adverse Events
GMCS (CMS986v4) Global Malnutrition Composite Score	VTE-1 (CMS108v13) Venous Thromboembolism Prophylaxis	VTE-2 (CMS190v13) Intensive Care Unit Venous Thromboembolism Prophylaxis
STK-02 (CMS104v13) Discharged on Antithrombotic Therapy	STK-03 (CMS71v14) Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-05 (CMS72v13) Antithrombotic Therapy By End of Hospital Day 2
IP-ExRad (CMS1074v2) Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)	HH-AKI (CMS832v2) Hospital Harm-Acute Kidney Injury (This eCQM is a risk-adjusted measure.)	HH-PI (CMS826v2) Hospital Harm-Pressure Injury

*The submission of CY 2025 eCQM data will affect the FY 2027 payment determination.

**The submission of CY 2025 eCQM data will affect FY 2027 payment determination for eligible hospitals and the FY 2025 payment determination for critical access hospitals (CAHs).

Note: CMS will add HH-Falls with Injury (FI) and HH-Postoperative Respiratory Failure (RF) beginning with the CY 2026 measure set. CMS will use updated GMCS specifications beginning with the CY 2026 measure set.