Expert to Expert Series: 2026 Reporting Year Annual Updates Unexpected Complications in Term Newborns PC-6 (CMS851v6.1)

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Welcome and thank you for joining us for this Joint Commission On Demand Expert to Expert Webinar addressing the 2026 annual updates for PC-06, Unexpected Complications in Term Newborns. CE credit is available for this On Demand webinar for six weeks following its release. We encourage health care organizations to share the link to this recording and the slides with their staff and colleagues. There is no limit on how many staff can take advantage of this educational webinar.

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All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

The participant learning objectives are: locate eCQM resources on Joint Commission's eCQM webpage, facilitate your organization's implementation of the PC-06 eCQM annual updates for the 2026 reporting year, and utilize answers to common issues/questions regarding the PC-06 eCQM to inform 2026 use or implementation.

This webinar does not cover these topics: basic eCQM concepts, topics related to chart abstracted measures, process improvement efforts related to this measure, and while we will not address eCQM validation during this webinar, if you are submitting eCQM data, please ensure your data is validated before submitting.

The agenda for this webinar follows: We will review the PC-06 eCQM annual updates for reporting year 2026 and provide an overview of the measure flow algorithm, and then we'll address some frequently asked questions. Before we transition to the discussion about the changes for the 2026 reporting year, we wanted to point you to a PDF handout that includes directions to locate and access Joint Commission's PC-06 eCQM specifications, value sets, measure flow diagrams, and technical release notes. The link to the landing page for these resources is provided on this slide. Be sure to download the attachment to learn more about navigating to these resources.

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I'll now take a moment to introduce the subject matter experts presenting this webinar content. Raquel Belarmino, Associate Project Director from Clinical Quality Informatics, Kelley Franklin, Associate Project Director from Clinical Quality Measures, and I'm Jessica Woodruff, Project Manager II from the Department of Engagement on Quality Improvement Programs, and today I will be this webinar's moderator.

We'll now begin to lead you through the measure rationale. I'll turn things over to Kelley. Kelley, please take it away.

Thank you, Jessica. Let's review the rationale for ePC-06. ePC-06, Unexpected Complications in Term Newborns, assesses the health outcomes of term infants who represent over 90% of all births. This measure addresses a gap related to term newborn measures and gauges adverse outcomes resulting in severe or moderate morbidity in otherwise healthy term infants without pre-existing conditions.

Importantly, this metric also serves as a balancing measure for other maternal measures, such as nulliparous term singleton vertex, or NTSV Cesarean rates. The purpose of a balancing measure is to guard against any unanticipated or unintended consequences of quality improvement activities for these measures.

This measure is useful for identifying potential quality improvement opportunities. The measure can be categorized into diagnosis buckets, such as those on the slide, to help facilitate QI projects by understanding the specific drivers behind the rate. The complications are divided into overall, severe, and moderate rates. Severe unexpected newborn complications are where most attention should be focused. However, review of all Numerator cases can help identify QI opportunities for both clinical and coding practices.

Let's review the measure considerations for ePC-06. ePC-06 is reported as a rate per 1000 live births. The 2023 national rate was approximately 36 per 1000 live births. As more data is collected, we will be able to determine trends for PC-06. Currently there is no target rate, however, 0% is not the goal and it is unlikely to be achieved over a quarter or annual period. Hospitals should use this measure to monitor their own rates and be alert to any substantive increases. They should also use PC-06 as a balancing measure, looking for trends along with PC-02 Cesarean birth rates.

Let us take a quick overview of the populations for the ePC-06 measure. This metric focuses on full term single newborns who otherwise would be expected to be healthy. As such, the following Exclusions are made from this newborn population: preterm, small for dates, multiple gestations, congenital malformations, fetal diagnoses, and exposure to maternal drug use. Let's discuss how the populations are determined.

The Initial Population is inpatient hospitalizations for single live newborns who are born in the hospital with a discharge date that ends during the measurement period and with either of the following conditions: gestational age at birth of greater or equal to 37 weeks or a birth weight greater or equal to 3000 grams when gestational age is not available. The Denominator equals the Initial Population.

The Denominator Exclusion criteria is inpatient hospitalizations for newborns who were born with congenital malformations or genetic diseases, pre-existing fetal conditions, or maternal drug use exposure in utero. Each code is vetted through our Perinatal Technical Advisory Panel, or TAP, and not every conceivable code could be added to the table, as these conditions are rare. Examples of pre-existing fetal conditions include congenital viral diseases, hemolytic diseases of the newborn, and newborn affected by intrauterine fetal blood loss.

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Exclusions for maternal drug use exposure are determined by codes in the value set which represent that the newborn was affected by the drug exposure, for example, exhibited withdrawal symptoms. Maternal drug use or history of drug use alone is not an Exclusion criteria.

The Numerator is inpatient hospitalization for newborns with severe or moderate complications. If a case falls into more than one complication bucket, the case will be considered severe complication only to prevent double coding. Next, let us review what constitutes a severe or moderate complication. A newborn with a discharge status of expired or discharge to an acute care facility or other health care facility without any complications will be included in the severe complication category.

Other severe complications are made up of diagnoses and procedure codes related to severe birth injuries, such as intracranial hemorrhage, severe respiratory, neurologic, and infectious complications. Cases which have codes in the neonatal severe septicemia value set will be included as a severe complication Numerator case if the length of stay is greater than four days regardless of the delivery type.

The moderate complication Numerator cases include diagnoses or procedures that raise concern, but at a lower level than the list for severe complications. The categories of moderate complications include birth trauma and respiratory complications. Other moderate complication cases require a length of stay modifier.

The moderate complication categories for birth trauma, respiratory complications and procedures, infection, and neurological complication procedures include a length of stay modifier based on the type of delivery, a length of stay greater than two days for vaginal deliveries and greater than four days for Cesarean deliveries. A newborn with a discharge status to an ACF or other HCF with moderate length of stay complications will be included in the moderate complication category regardless of the length of stay. This is new for the reporting year 2026, which we will discuss more later during this presentation.

Only cases that have the moderate complication codes and meet the length of stay criteria will included as a moderate complication Numerator case. The last condition to constitute a moderate complication is a length of stay greater than five days in which no codes for jaundice or social indications are found. Cases which have no other complication codes and a length of stay greater than five days will count as a moderate complication Numerator case unless they have a code in the value sets neonatal jaundice, phototherapy, or social indications. Length of stay is used to guard against overcoding and undercoding of conditions.

Now we will summarize the major changes for 2026. Please note, throughout this presentation, new content will be underlined, while stricken text denotes removed content. We've renamed the field eCQM Identifier, Measuring Authoring Tool, to CMS ID, based on tooling updates. The improvement notation now says, "Decreased score indicates improvement," based on tooling update, to promote alignment across all measures. We also removed the word estimated from gestational age to make the naming more consistent.

We have updated the description of severe complications in the header to include patients discharged to an acute care facility or other health care facility regardless of whether they have severe complications or no complications at all.

Next, we updated severe septicemia to include discharge to an ACF or other HCF. We will discuss more about these changes later during this presentation.

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Next, we have updated the Numerator's severe description to include the revised value set name neonatal for moderate complications and updated the value set names for severe birth trauma, severe hypoxia and asphyxia, severe shock and resuscitation, and severe shock and resuscitation procedures to more accurately reflect the intent of each value set. For the Numerator's moderate description, the value set names were revised to include neonatal and moderate length of stay was added to clarify that the listed diagnoses and procedures are moderate length of stay complications.

We have updated the description of the moderate complications to include newborns who are discharged to an acute care facility or other health care facility and who have any moderate length of stay complications. What does this mean? For 2026 reporting year, any newborns with a discharge code indicating transfer to an ACF or other HCF, along with any codes from the moderate complication length of stay value sets, will now be classified under moderate complications regardless of their length of stay due to the presence of a moderate complication code. Previously, the presence of a discharge code to an ACF or other HCF would automatically satisfy the case as a severe complication. This change ensures better reflection of the clinical scenario. Raquel will now review the technical aspects of ePC-06.

Thank you, Kelley. I am Raquel Belarmino, the measure lead for ePC-06. I will now present some of the technical changes to the measure listed on this table. Upon reviewing the measure specifications, you may notice that the CQL definition names were changed from title case to initial case to align with the CQL style guide. Here is an example of what that looks like. We have added a new definition, Single Live Term Newborn With Discharge To Acute Care Or Other Health Care Facility Without Any Complications Coded, to the Numerator and stratification 1 to capture newborns

discharged to an acute care facility or other health care facility without any moderate or severe complication codes. If a patient is discharged to an acute care facility, ACF, or other health care facility, HCF, and doesn't have any moderate or severe complication codes, the case will count as a severe complication. This was already in place last year for 2025. However, for 2026, we're calling it out specifically because there are logic changes made this year related to how ACF and other HCF discharge codes are handled.

What does this change mean of adding the definition Single Live Term Newborn With Discharge To Acute Care Facility Or Other Health Care Facility Without Any Complications Coded to the Numerator and stratification 1? By adding this new definition, cases will be categorized into the appropriate severe or moderate bucket based on complication coding. Any cases discharged to an ACF or other HCF without complication codes will now be stratified as severe complications.

Prior to this change, all cases discharged to an ACF or other HCF were classified as severe complications regardless of whether any complication codes were present.

Next, we have removed the attribute QualifyingEncounter.dischargeDisposition in Discharge To Acute Care Facility and Other Health Care Facility from the Single Live Term Newborn Encounter With Selected Discharge Disposition definition to reflect the new intent of the definition.

Discharge dispositions of Patient Expired or Discharged to Health Care Facility for Hospice Care remain unchanged. Cases will continue to meet the severe complication criteria based on these discharge codes alone.

A new function called HasModerateLengthOfStayComplications was created for the 2026 reporting year to capture encounter diagnosis with length of stay moderate complications. This function is used throughout the specification to simplify the logic or reflect the updated intent of the definitions.

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The Single Live Term Newborn Encounter With Moderate Complications Or Length Of Stay Criteria Met definition was updated to include the new definition, Single Live Term Newborn With Discharge To Acute Care Or Other Health Care Facility Without Any Complications Coded. This was added as a union to the except statement to ensure that cases with discharge disposition codes to an ACF or other HCF without any complications coded are captured as meeting the severe complication criteria.

Next, we've added an attribute, QualifyingEncounter.dischargeDisposition, and the new function, HasModerateLengthOfStayComplications, that we previously discussed to the Single Live Term Newborn Encounter With Moderate Complications logic to include moderate complications with length of stay, LOS, value sets with discharge to acute care facility or other health care facility codes to meet moderate complications regardless of length of stay and to simplify the measure specifications.

The definition Single Live Term Newborn Encounter by Cesarean birth with Length of Stay More Than 4 Days Or by Vaginal Birth With Length of Stay More Than 2 Days was removed and its logic was incorporated into the updated definition, Single Live Term Newborn Encounter With Moderate Complications By Cesarean Birth With Length Of Stay More Than 4 Days Or By Vaginal Birth With Length Of Stay More Than 2 Days. Additionally, the moderate length of stay complications were integrated into the new function, HasModerateLengthOfStayComplications, to simplify the definition logic. These changes do not impact the measure outcome. They were made to simplify and streamline the specifications.

Next, we have revised the definition name from Single Live Term Newborn Encounter with Sepsis and Length of Stay More Than 4 Days to Single Life Term Newborn Encounter With Sepsis And Length Of Stay More Than 4 Days Or Discharged To ACF Or Other HCF to reflect the updated intent of the logic. Additionally, we added the attribute QualifyingEncounter.dischargeDisposition to the logic to meet the severe complications criterion regardless of the length of stay when discharge is to an acute care facility or other health care facility.

What does this change mean? For cases with encounter diagnosis of septicemia and have a discharge disposition to either an acute care facility or other health care facility with a LOS of less than four days, this case will fall into severe complications. Including this new logic ensures that the case will meet severe complications regardless of their length of stay.

There were only a few value set changes this year. The value set used for sex supplemental data element, SDE, was updated from ONC Administrative Sex to Federal Administrative Sex value set based on updated standards. We added Neonatal to moderate complications, Severe Birth Trauma, Severe Hypoxia and Asphyxia, Severe Shock and Resuscitation, Severe Shock, and Resuscitation Procedures value set names to more accurately reflect the intent of the value set, as mentioned earlier. There are multiple value set changes made for reporting year 2026 with addition or deletion of codes. These changes were made based on terminology updates. Please see the eCQM value set 2026 reporting period and Technical Release Notes on the JC eCQM webpage for more details.

Next, we will review the measure flow with logic. As part of our ongoing review of feedback from the public and updates to the webinar series for improvement, we have combined reviewing the measure flow and logic together. If changes are made to the measure specifications or additional clarification on a definition is needed, we will conduct a more detailed review of the specific definition logic in a continuation slide. Let's begin with the Initial Population Single Live Term Newborn Encounter. The first decision point evaluates single live newborn, born in hospital with a discharge date during the measurement period. If a patient is not a single live newborn born in the hospital with a discharge date during the measurement period, you will follow the algorithm to no and the patient will not meet the Initial Population and therefore processing would stop here. If answered yes, then we ask if there is a gestational age at birth greater or equal to 37 weeks.

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Let us review more closely the first definition, which is Single Live Birth Encounter With Gestational Age 37 Weeks Or More. Within the logic, the definition is calling out the Single Live Birth Encounter definition, where the encounter diagnosis attribute identifies the single live born, newborn, or in hospital value sets. This will evaluate the newborn status of an inpatient encounter with an encounter diagnosis indicating a single live newborn born in the hospital.

If the answer is yes and the encounter ends during the measurement period, then the patient is in the Initial Population and processing proceeds to the Denominator. If gestational age is not greater or equal to 37 weeks and gestational age is null, the logic evaluates for birth weight greater or equal to 3000 grams. This definition is Single Live Birth Encounter With Birth Weight 3000 Grams Or More Without Gestational Age. If birth weight is greater or equal to 3000 grams and the encounter ends during the measurement period, then the patient is in the Initial Population and processing proceeds to be Denominator.

Please note this logic uses the FirstBirthWeight function. The FirstBirthWeight function is used to capture the first birth weight for newborns with multiple birth weights present. This function will sort the birth weight assessments by relevant date and time to identify the first assessment of birth weight, and the result will be considered the first birth weight. The two definitions listed are constructed using a union. Union means or. This means the logic will look to see if the newborn either has a gestational age greater than 37 weeks or more or a birth weight greater or equal to 3000 grams if no estimated gestational age is available. Both definitions remain the same. No changes were made this year.

Moving along the algorithm, the patient will meet the Denominator criteria as well, since the Denominator is equal to the Initial Population. For reporting year 2026, there were no changes made to the Initial Population and Denominator from 2025.

We move along to the Denominator Exclusion processing. The Denominator Exclusion definition is Single Live Term Newborn Encounter With Congenital Malformation Or Fetal Conditions Or Maternal Drug Use. If there is a diagnosis of congenital malformation, fetal conditions, or maternal drug use exposure in utero, the patient will be excluded from the Denominator and the processing stops there. If there is no such diagnosis, the Numerator logic is evaluated. For reporting year 2026, there were no changes made to the Denominator Exclusion from 2025.

Next, we will review the Numerator criteria for the severe complications first. Please note throughout this presentation that the star in a circle icon on the left side of the slide will denote changes for this reporting year, where new content will be underlined, while stricken text denotes removed content. The first condition of the Numerator is Single Live Term Newborn Encounter With Severe Complications. Single Live Term Newborn Encounter With Severe Complications includes the following definitions: Single Live Term Newborn Encounter With Selected Discharge Disposition, as discussed earlier, the discharge disposition of discharged to an ACF or other HCF was removed from the logic for the 2026 reporting year; or With Severe Morbidities; or With Sepsis And Length Of Stay More Than 4 Days Or Discharged To An HCF Or Other HCF.

As discussed earlier, logic changes were made to this definition for the 2026 reporting year. By using union in the logic, a newborn that meets any one of three conditions will be in the Numerator for severe complications. The second condition of the Numerator for the severe complication is the Single Live Term Newborn With Discharge To Acute Care Or Other Health Care Facility Without Any Complications Coded. This is a new definition for the 2026 reporting year. It was created to address the updated intent of the measures as discussed earlier during this presentation. If the newborn meets any of these complications, follow the yes on the algorithm and the patient is in severe complications and will be in the Numerator. That is the stratification 1 of the Numerator. If the newborn does not meet any of the severe complication conditions, follow the no on the algorithm and moderate complications will be evaluated.

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Let's review the newly added definition and logic more thoroughly. The Single Live Term Newborn Encounter With Discharge To Acute Care Or Other Health Care Facility Without Any Complications Coded logic looks for a qualifying encounter without a severe or moderate complication code that is discharged to an acute care or other health care

facility. As discussed earlier, patients with a discharge to an acute care facility or other health care facility and does not have any moderate or severe complication codes, the case will count as a severe complication.

Continuing to the measure flow, if the newborn does not meet any of the severe complication conditions, we continue to move along the algorithm to the moderate complications criteria. The third condition of the Numerator is Single Live Term Newborn Encounter With Moderate Complications Or Length Of Stay Criteria Met.

If the newborn meets any one of the following conditions of having moderate complication diagnosis or procedures or discharged to an ACF or other HCF with moderate length of stay complication, diagnosis, or procedure, or with Cesarean birth with length of stay greater than four days or vaginal birth with length of stay greater than two days, that has a moderate complication diagnosis or procedure code, or length of the stay greater than five days without jaundice or social indications for a prolonged stay, follow the yes on the algorithm and the patient is in moderate complications and will be in the Numerator. This is stratification 2 of the Numerator.

If patient does not meet any of the conditions listed for severe or moderate conditions, follow the no on the algorithm and the patient will not be in the Numerator and the processing will stop there. As mentioned earlier in this presentation, the update for this year includes the new definition, Single Live Term Newborn With Discharge To Acute Care Or Other Health Care Facility Without Any Complications Coded. This was added as a union to the except statement to ensure that the cases with discharge disposition codes to an ACF or other HCF without any complications coded are captured as meeting the severe complication criteria.

At the bottom of the measure flow diagram, you will find the calculations for the overall performance rate and the two stratifications. The Numerator is divided by the Denominator minus the Denominator Exclusions, and the quotient is multiplied by 1000 to arrive at the rate per 1000 live births. We have completed our review of the measure flow and changes for the 2026 reporting year. As a reminder, to download the measure flow and full measure specification, navigate to the Joint Commission's eCQM webpage at www.jointcommission.org. Next, let us review our frequently asked questions and knowledge checks.

Frequently asked question: "When is the gestational age date/time assessed for the newborn to populate into the Initial Population" Answer: the gestational age is evaluated after the newborn is delivered and can be assessed anytime during the inpatient encounter. This is not the time the gestational age value was entered in the EHR system. To capture this, the logic uses the earliest function from the global common library. What does this mean? If the gestational age was documented prior to the newborn delivery,

the newborn will not meet the Initial Population. We teamed up with some health care organizations to investigate struggles with the timing of gestational age documentation. We found that the gestational age was documented prior to the newborn delivery or the gestational age was documented on the mother's record instead of the newborn's record. The gestational age must be documented on a newborn's inpatient encounter at any point of time on the newborn's record to meet the Initial Population.

This is a frequently asked question related to stratification. "What if a case has both severe and moderate complications? How does this case get stratified?" Answer: The case falls into severe complications. The severe and moderate strata are mutually exclusive. If a newborn has both severe and moderate complications, the case will not satisfy the moderate complication category because the newborn has been already included in the severe complications category.

Next, let's go through a few knowledge checks on the changes made this year.

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Question: for the 2026 reporting year, if a newborn is discharged to an acute care facility or other health care facility without any corresponding moderate or severe complication codes, how is this stratified? A, the case will fall under moderate complications, or B, the case will fall under severe complications. If you selected answer B, you are correct. The newborn will fall into the severe complications due to having a discharge disposition to an acute care facility or other health care facility without any other complication codes present in the newborn's EHR. As mentioned earlier in this presentation, this was already in place last year for 2025. However, for 2026, we are highlighting it in the logic due to changes made regarding how ACF and other HCF discharge codes are handled.

Question: For the 2026 reporting year, if a newborn is discharged to an acute care facility or other health care facility with corresponding moderate complication codes, how is this stratified? The answer is B. The newborn will fall into the moderate complication. Due to the logic changes made for 2026, newborns with discharge disposition codes in the acute care facility and other health care facility value set with corresponding moderate complication codes will now fall into the moderate complication. Prior to this change, the case would have met the severe complication criteria regardless if a moderate complication code was present in the newborn's EHR.

Question: For the 2026 reporting year, if a newborn is discharged to an acute care facility or other health care facility with both moderate and severe complication codes, how is this stratified? The answer is A. The newborn will fall into the severe complication due to the present of the severe complication code in the newborn's EHR. As mentioned earlier on an FAQ, the severe and moderate strata are mutually exclusive. If a newborn has both severe and moderate complications, the case will not satisfy the moderate

complication category because the newborn has been already included in the severe complications category. I will now turn the presentation back to Jessica to close out our webinar.

Thank you, Raquel and Kelley, for presenting the updates and the frequently asked questions. We've included an additional resource slide and provided links to direct you to: eCQI Resource Center, CMS Eligible Hospital Measures page and Get Started with eCQM links, the Teach Me Clinical Quality Language CQL video series, including video shorts on Hospitalization with Observation, and What is a Value Set. Continuing with resource links, we've included a link to direct you to the specifications on Joint Commission's website, the Value Set Authority Center, or VSAC, Support, Expert to Expert Webinar Series, and finally, the ASTP/ONC Issue Tracking System, where clinical and technical questions about these eCQMs should be submitted.

After this webinar, you may still have remaining questions. Submit your questions about the PC-06 eCQM via Joint Commission's eCQM Question Tracking System using the link we've provided at the top of this slide. Joint Commission staff monitor this site closely. If you have questions about webinar operations or obtaining continuing education, please submit them via email to tjcwebinarnotifications@jointcommission.org. All Expert to Expert Webinar recording links, slides, and transcripts will be accessed on Joint Commission's webpage via the link displayed at the bottom of this slide. Scroll down and use the checkbox to sort for Expert to Expert Webinars. After this webinar is no longer available for continuing education, the recording and materials will remain accessible at the link on Joint Commission's website.

Before this webinar concludes, a few words about the survey. We use your feedback to inform future content, determine education gaps, and assess the quality of our educational programs. A QR code is provided on the next slide. You can use your mobile device to scan and access the survey. If you prefer to take the survey later, an automated email also delivers the link to the survey. After you complete and submit your survey responses, you will be redirected to a page from which you can print or download a blank certificate that you can complete by adding your name and credentials. In case you miss that opportunity to download, an automated email will also be sent to you that includes the link to the certificate.

00:40:18
We'll leave this slide up for a few moments so participants can access the survey QR code. This concludes our presentation. Thank you for attending this webinar on annual updates for the PC-06 eCQMs. Have a wonderful day. Goodbye.