



Annual Updates for PC-02 Cesarean Birth (CMS334) and PC-07 Severe Obstetric Complications (CMS1028) eCQMs for 2026 Reporting Year

Expert to Expert Webinar Series

Broadcast Webinar
February 26, 2026
Continuing Education (CE)
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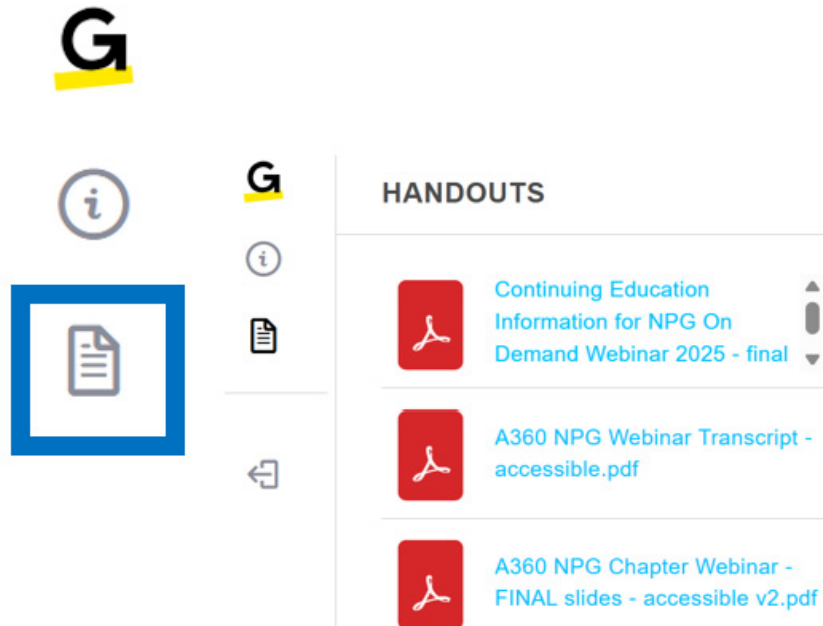
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Participant Learning Objectives



Locate eCQM resources on the eCQI Resource Center.

Facilitate your organization's implementation of the PC-02 and PC-07 eCQMs annual updates for the 2026 reporting year.

Utilize answers to common issues/questions regarding the PC-02 and PC-07 eCQMs to inform 2026 use/implementation.

Topics Not Covered in this Program



Basic eCQM concepts

Topics related to chart abstracted measures

Process improvement efforts related to this measure

eCQM validation

- Ensure your data is validated before submitting
- Ensure that extreme outlier results are verified

Disclosure Statement

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 this webinar content.



Webinar Agenda



- Review the PC-02 Cesarean Birth and PC-07 Severe Obstetric Complications eCQMs annual updates for Reporting Year 2026
- Overview of the measure flow/algorithm
- Frequently Asked Questions (FAQs)
- Live Q&A Segment

eCQM Specifications and Resources

A PDF handout includes directions to access the eCQM specifications, value sets, measure flow diagrams, and technical release notes on the eCQI Resource Center.

Please see the [landing page for 2026 resources](#).

Please see the [landing page for 2026 specifications](#).

The screenshot shows the eCQI Resource Center website. The header includes the eCQI 10th Anniversary Resource Center logo and navigation links for eCQMs, dQMs, Resources, About, and Log Man: Acc. The main content area is titled 'Hospital - Inpatient eCQMs' and features a search filter for '2026' and 'eCQMs'. Below the filter, there is a message: 'Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.' At the bottom, there are three tabs: 'eCQM Resources', 'eCQMs', and 'About'. A summary line states: 'The 2026 Reporting Period has 17 Hospital - Inpatient eCQMs based on your filters:'

Mapping: Data Elements, Value Sets, and Terminology

Data Elements, Value Sets, and Terminology



WITH
 ["Procedure, Performed": "CESAREAN BIRTH"]
 starts during delivery encounter

<https://vsac.nlm.nih.gov>

eCQM Title	Cesarean Birth		
CMS ID	334	eCQM Version Number	7.1.000
CBE Number	0471e	GUID	fc52d0de-b53d-4ccf-816e-1e527748d2d9
Measurement Period	January 1, 2026 through December 31, 2026		
Measure Steward	The Joint Commission		
Measure Developer	The Joint Commission		
Endorsed By	CMS Consensus Based Entity		
Description	Nulliparous patients with a term, singleton baby in a vertex position delivered by cesarean birth		
	Measure specifications are in the Public Domain.		

- Terminology**
- code "[#] Births.preterm" ("LOINC Code (11637-6)")
 - code "[#] Births.term" ("LOINC Code (11639-2)")
 - code "[#] Parity" ("LOINC Code (11977-6)")
 - code "[#] Pregnancies" ("LOINC Code (11996-6)")
 - code "Date and time of obstetric delivery" ("LOINC Code (93857-1)")
 - code "Delivery date Estimated" ("LOINC Code (11778-8)")
 - valueset "37 to 42 Plus Weeks Gestation" (2.16.840.1.113762.1.4.1110.68)
 - valueset "Abnormal Presentation" (2.16.840.1.113762.1.4.1045.105)
 - valueset "Cesarean Birth" (2.16.840.1.113883.3.117.1.7.1.282)
 - valueset "Delivery of Singleton" (2.16.840.1.113762.1.4.1045.99)
 - valueset "Delivery Procedures" (2.16.840.1.113762.1.4.1045.59)
 - valueset "ED Visit and OB Triage" (2.16.840.1.113762.1.4.1029.369)
 - valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
 - valueset "Estimated Gestational Age at Delivery" (2.16.840.1.113762.1.4.1045.26)
 - valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
 - valueset "Federal Administrative Sex" (2.16.840.1.113762.1.4.1021.121)
 - valueset "Genital Herpes" (2.16.840.1.113883.3.464.1003.110.12.1049)
 - valueset "Observation Services" (2.16.840.1.113762.1.4.1111.143)
 - valueset "Payer Type" (2.16.840.1.114222.4.11.3591)
 - valueset "Placenta Accreta Spectrum Brevia or Vasa Brevia" (2.16.840.1.113762.1.4.1110.37)

The VSAC is a repository and authoring tool for public value sets created by external programs. Value sets are lists of codes and corresponding terms, from NLM-hosted standard clinical vocabularies (such as SNOMED CT®, RxNorm, LOINC® and others), that define clinical concepts to support effective and interoperable health information exchange. The VSAC does not create value set content. The VSAC also provides downloadable access to all official versions of value sets specified by the Centers for Medicare & Medicaid Services (CMS) electronic Clinical Quality Measures (eCQMs). For information on CMS eCQMs, visit the eCQI Resource Center. The VSAC is provided by the National Library of Medicine (NLM), in collaboration with the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) and CMS.

Subscribe to the *VSAC Updates listserv* for VSAC announcements about new content releases and functionality updates.

Value Sets and Terminology



NIH National Library of Medicine Value Set Authority Center

Welcome back,

Welcome Search Value Sets Authoring Collaboration Management Download Comparison Tool Browse Code Systems Help

Search the NLM Value Set Repository. Program: All Expansion Version: Latest

COVID-19 Value Sets:

Refine by: Steward Code System

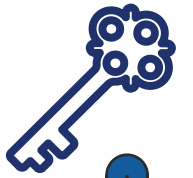
Query: Cesarean Birth Search Clear

Include Retired Value Sets:

Search Results Value Set Details API Resource

Value Set Information Expansion Versions: Latest Compare Versions Export Value Set Results

Value Sets and Terminology (2)



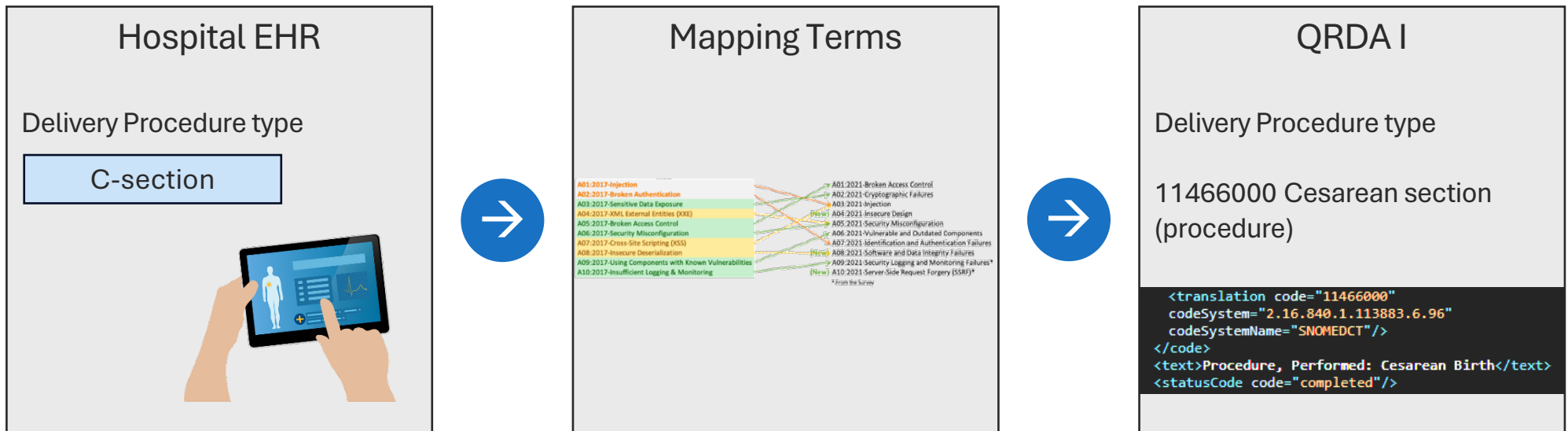
Ensure all value sets are mapped to codes used by your organization

NIH National Library of Medicine Value Set Authority Center																																																																																						
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Mapping Terms

Mapping terms in healthcare IT is the process of establishing associations between codes, concepts, and/or terms in one system and their equivalent concept or term in another system to accurately share and understand information.



CMS334/ePC-02 Cesarean Birth

ePC-02 Rationale

- Measure focuses on Cesarean birth in patients with first-time deliveries with a single full-term baby in the head-down position, or Nulliparous Term Singleton Vertex (NTSV)
- The NTSV population accounts for a large majority of the variable portion of the Cesarean birth rate and is the area most affected by subjectivity



ePC-02 Rationale (2)

- Increased risk of severe maternal morbidity (SMM) for Cesarean delivery compared to vaginal delivery
- Physician factors may be the driver for the difference in NTSV rates
- First birth labor induction and early labor admissions cause variation among hospitals
- Some hospitals still have rates above 30 percent

ePC-02 Measure Changes from 2025 to 2026 – Clinical

Measure Components	Reporting Year 2025	Reporting Year 2026
Header: Description	Nulliparous women with a term, singleton baby in a vertex position delivered by Cesarean birth	Nulliparous women ¹ <u>patients</u> ² with a term, singleton baby in a vertex position delivered by Cesarean birth
Header: Rationale	<p>This measure seeks to focus attention on the most variable portion of the CB epidemic, the term labor CB in nulliparous women.</p> <p>Nulliparous women have 4–6 times the Cesarean birth rate than multiparous women thus the NTSV population is the largest driver of primary Cesarean birth rate...</p> <p>Ultimately, a reduction in primary Cesarean births will reduce the number of women having repeat Cesarean births...</p>	<p>This measure seeks to focus attention on the most variable portion of the CB epidemic, the term labor CB in nulliparous women¹<u>patients</u>².</p> <p>Nulliparous women¹<u>patients</u>² have 4-6 times the Cesarean birth rate than multiparous women¹<u>patients</u>² thus the NTSV population is the largest driver of primary Cesarean birth rate...</p> <p>Ultimately, a reduction in primary Cesarean births will reduce the number of women¹<u>patients</u>² having repeat Cesarean births...</p>

Dark green ~~strikethroughs~~¹ denote removed content while added content is underlined²

Notes:
¹ Indicates text that contains strikethrough.
² Indicates underlined text.

ePC-02 Measure Changes from 2025 to 2026 – Clinical (2)

Measure Components	Reporting Year 2025	Reporting Year 2026
Header: Improvement Notation	Within Optimal Range. The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe to patients.	Within Optimal Range. ¹ <u>Decreased score indicates improvement.</u> ² The Joint Commission does not want to ¹ encourage inappropriately low Cesarean rates that may be unsafe to patients.
Header: Guidance	<p>2. The GA is obtained from a discrete field in the electronic health record. This option is only used when the calculated GA is not available.</p> <p>3....</p> <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.</p>	<p>2. The¹ <u>When the calculated GA is not available, the</u>² GA is obtained from a discrete field in the electronic health record. This option is only used when the calculated GA is not available¹ <u>The intent is to capture the last estimated GA in the interval starting 24 hours or less prior to delivery and ending before midnight on the same day of delivery.</u>²</p> <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.¹</p>

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-02 Measure Specifications

Description: Nulliparous patients with a term, singleton baby in a vertex position delivered by Cesarean birth

Initial Population	Denominator	Denominator Exclusion	Numerator
Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization
Age: ≥ 8 and < 65 years	Nulliparous patients	Abnormal presentation, genital herpes, placenta previa, vasa previa, placenta accreta spectrum during the encounter	Delivery by Cesarean section
Delivery procedure with a discharge date that ends during measurement period	Delivery of a live term singleton newborn ≥ 37 weeks gestation		

ePC-02 Measure Changes from 2025 to 2026 – Technical

Measure Components	Reporting Year 2025	Reporting Year 2026
Value Set	“ONC Administrative Sex”	“ ONE ¹ <u>Federal</u> ² Administrative Sex”
Value Set		Cesarean Birth (2.16.840.1.113883.3.117.1.7.1.369): Deleted 1 SNOMED CT code (288042004) ¹
Value Set		Delivery Procedures (2.16.840.1.113883.3.117.1.7.1.401): Added 1 SNOMED CT (<u>2321005</u>) ² based on terminology update.

Notes:

¹ Indicates text that contains strikethrough.

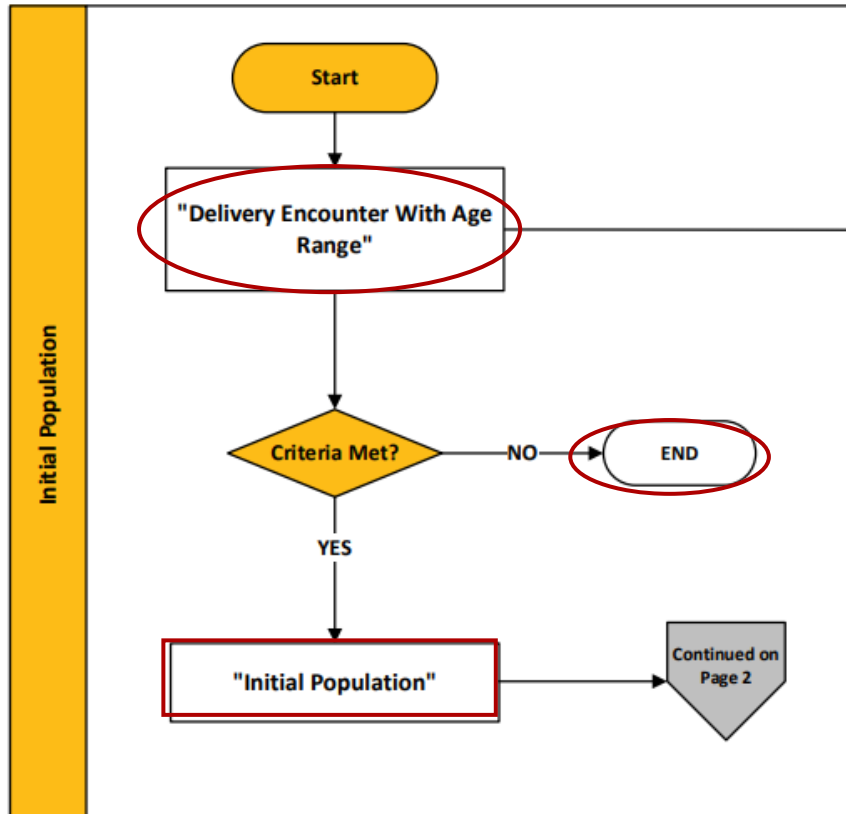
² Indicates underlined text.

CMS334/ePC-02 Cesarean Birth

Measure Flow with Logic

ePC-02 Measure Flow – Initial Population

PCMaternal.”Delivery Encounter with Age Range”



“Encounter With Age Range”
[“Encounter, Performed”: “ENCOUNTER INPATIENT”]
ends during the measurement period
WHERE
Age in Years \geq and $<$ 65 at the start of the Inpatient encounter
WITH
[“Procedure, Performed”: “DELIVERY PROCEDURES”]
starts during interval of the hospitalization with prior ED or OB Triage visit
through the observation visit to discharge

ePC-02 Measure Flow – Denominator

Singleton Delivery Encounters at 37 Plus Weeks Gravida 1 Parity 0, No Previous Births

"Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding"

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age"
 >= 37 weeks

–Calculated Gestational Age: $Gestational\ Age = (280 - (Estimated\ Delivery\ Date\ minus\ Reference\ Date)) / 7$
–Estimated Due Date (EDD) is determined by last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization
–Reference Date is the date on which you are trying to determine gestational age. For the purposes of this eCQM, Reference Date would be the Date of Delivery.

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age" is null
AND
 "Last Estimated Gestational Age"
 Last ["Assessment, Performed": "ESTIMATED GESTATIONAL AGE AT DELIVERY"] 24 hours or less before or on **OR** same day as
 "Last Time of Delivery"
 Last ["Assessment, Performed": "DATE AND TIME OF OBSTETRIC DELIVERY"] during interval of hospitalization with prior ED or OB triage visit through the observation visit to discharge **AND** result is not null
AND
 result is >= 37 weeks

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age" is null
AND
 "Last Estimated Gestational Age" is null
AND EXISTS
 Encounter (Diagnosis)
 "37 TO 42 WEEKS PLUS GESTATION"

Note: It is expected the same encounter that satisfies the 'Encounter with Singleton Delivery' is the same encounter that satisfied the 'Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding' definition.

AND

Continued on Page 3

ePC-02 Measure Flow – Denominator (2)

Singleton Delivery Encounters at 37 Plus Weeks Gravida 1 Parity 0, No Previous Births

“Calculated Gestational Age” = (280 – (Estimated Delivery Date (EDD) minus Reference Date))/7

"Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding"

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age" >= 37 weeks

–Calculated Gestational Age: $Gestational\ Age = (280 - (Estimated\ Delivery\ Date\ minus\ Reference\ Date)) / 7$
 –Estimated Due Date (EDD) is determined by last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization
 –Reference Date is the date on which you are trying to determine gestational age. For the purposes of this eCQM, Reference Date would be the Date of Delivery.

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age" is null
AND
 "Last Estimated Gestational Age" Last ["Assessment, Performed": "ESTIMATED GESTATIONAL AGE AT DELIVERY"] 24 hours or less before or on **OR** same day as
 "Last Time of Delivery" Last ["Assessment, Performed": "DATE AND TIME OF OBSTETRIC DELIVERY"] during interval of hospitalization with prior ED or OB triage visit through the observation visit to discharge **AND** result is not null
AND
 result is >= 37 weeks

"Delivery Encounter with Age Range"
WHERE
 "Calculated Gestational Age" is null
AND
 "Last Estimated Gestational Age" is null
AND EXISTS
 Encounter (Diagnosis) "37 TO 42 WEEKS PLUS GESTATION"

Note: It is expected the same encounter that satisfies the 'Encounter with Singleton Delivery' is the same encounter that satisfied the 'Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding' definition.

AND

Continued on Page 3

ePC-02 Measure Flow – Denominator (3)

Singleton Delivery Encounters at 37 Plus Weeks Gravida 1 Parity 0, No Previous Births

"Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding"

"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age"
>= 37 weeks

"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age" is null
AND
"Last Estimated Gestational Age"
Last ["Assessment, Performed": "ESTIMATED GESTATIONAL AGE AT DELIVERY"] 24 hours or less before or on OR same day as
"Last Time of Delivery"
Last ["Assessment, Performed": "DATE AND TIME OF OBSTETRIC DELIVERY"] during interval of hospitalization with prior ED or OB triage visit through the observation visit to discharge AND result is not null
AND
result is >= 37 weeks

"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age" is null
AND
"Last Estimated Gestational Age" is null
AND EXISTS
Encounter (Diagnosis)
"37 TO 42 WEEKS PLUS GESTATION"

–Calculated Gestational Age: $Gestational\ Age = (280 - (Estimated\ Delivery\ Date\ minus\ Reference\ Date)) / 7$
–Estimated Due Date (EDD) is determined by last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization
–Reference Date is the date on which you are trying to determine gestational age. For the purposes of this eCQM, Reference Date would be the Date of Delivery.

Note: It is expected the same encounter that satisfies the 'Encounter with Singleton Delivery' is the same encounter that satisfied the 'Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding' definition.

AND

Continued on Page 3

ePC-02 Measure Flow – Denominator (4)

Singleton Delivery Encounters at 37 Plus Weeks Gravida 1 Parity 0, No Previous Births

"Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks"

"Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding"

"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age"
>= 37 weeks

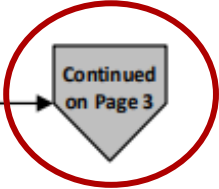
"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age" is null
AND
"Last Estimated Gestational Age"
Last ["Assessment, Performed": "ESTIMATED GESTATIONAL AGE AT DELIVERY"] 24 hours or less before or on OR same day as
"Last Time of Delivery"
Last ["Assessment, Performed": "DATE AND TIME OF OBSTETRIC DELIVERY"] during interval of hospitalization with prior ED or OB triage visit through the observation visit to discharge AND result is not null
AND
result is >= 37 weeks

"Delivery Encounter with Age Range"
WHERE
"Calculated Gestational Age" is null
AND
"Last Estimated Gestational Age" is null
AND EXISTS
Encounter (Diagnosis)
"37 TO 42 WEEKS PLUS GESTATION"

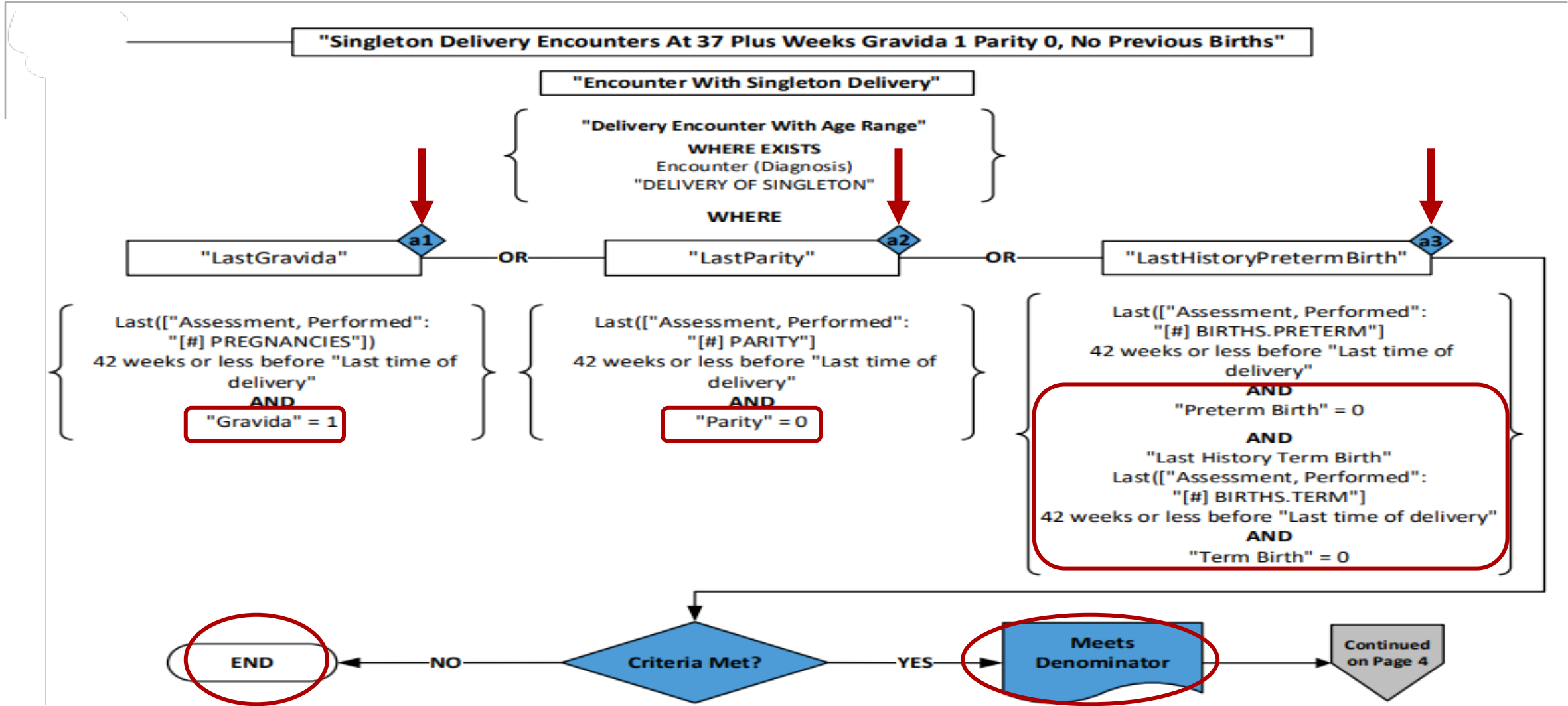
–Calculated Gestational Age: $Gestational\ Age = (280 - (Estimated\ Delivery\ Date\ minus\ Reference\ Date)) / 7$
–Estimated Due Date (EDD) is determined by last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization
–Reference Date is the date on which you are trying to determine gestational age. For the purposes of this eCQM, Reference Date would be the Date of Delivery.

Note: It is expected the same encounter that satisfies the 'Encounter with Singleton Delivery' is the same encounter that satisfied the 'Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks' or 'Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks Based on Coding' definition.

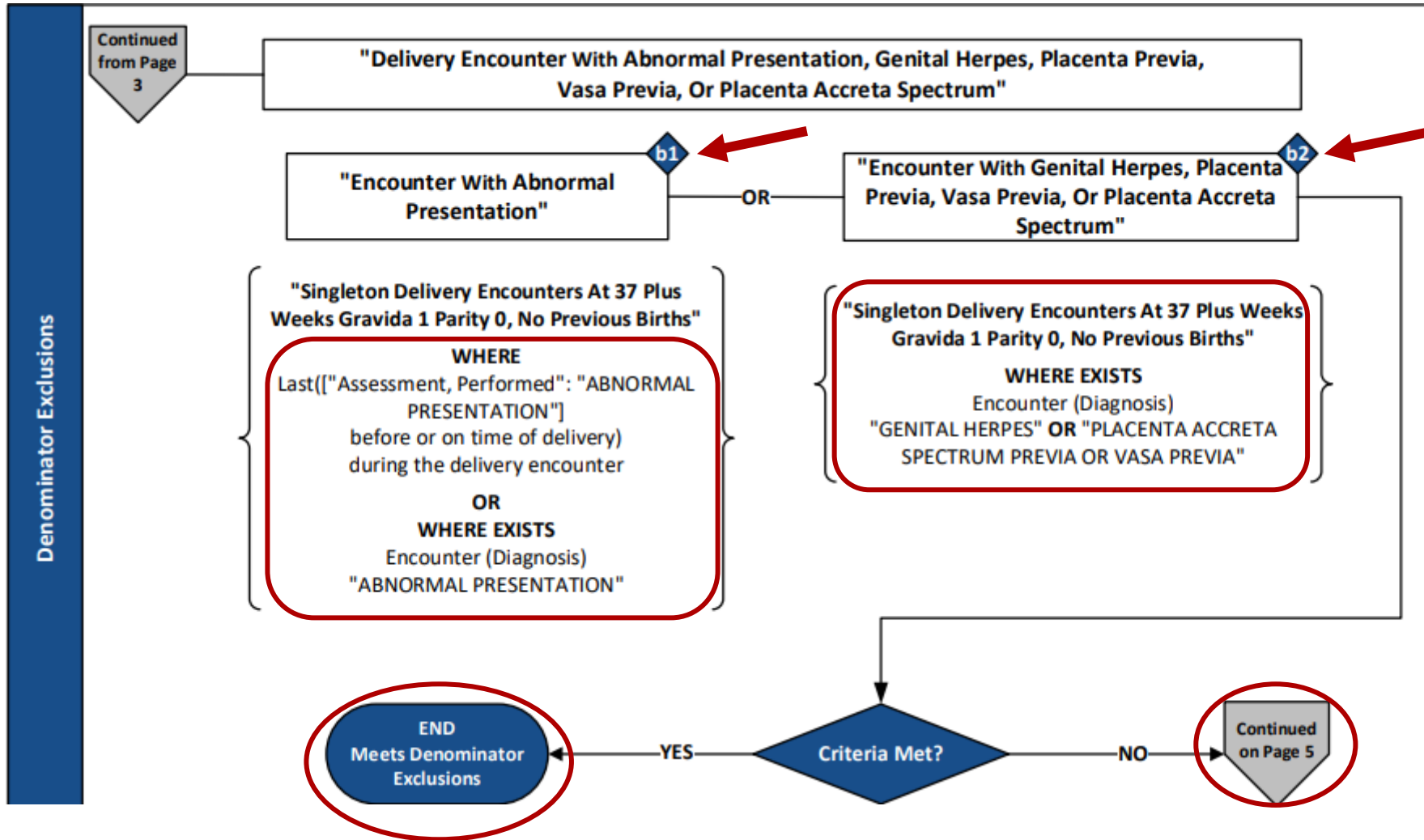
AND



ePC-02 Measure Flow – Denominator (5)



ePC-02 Measure Flow – Denominator Exclusions





Frequently Asked Questions (FAQ)

Question:

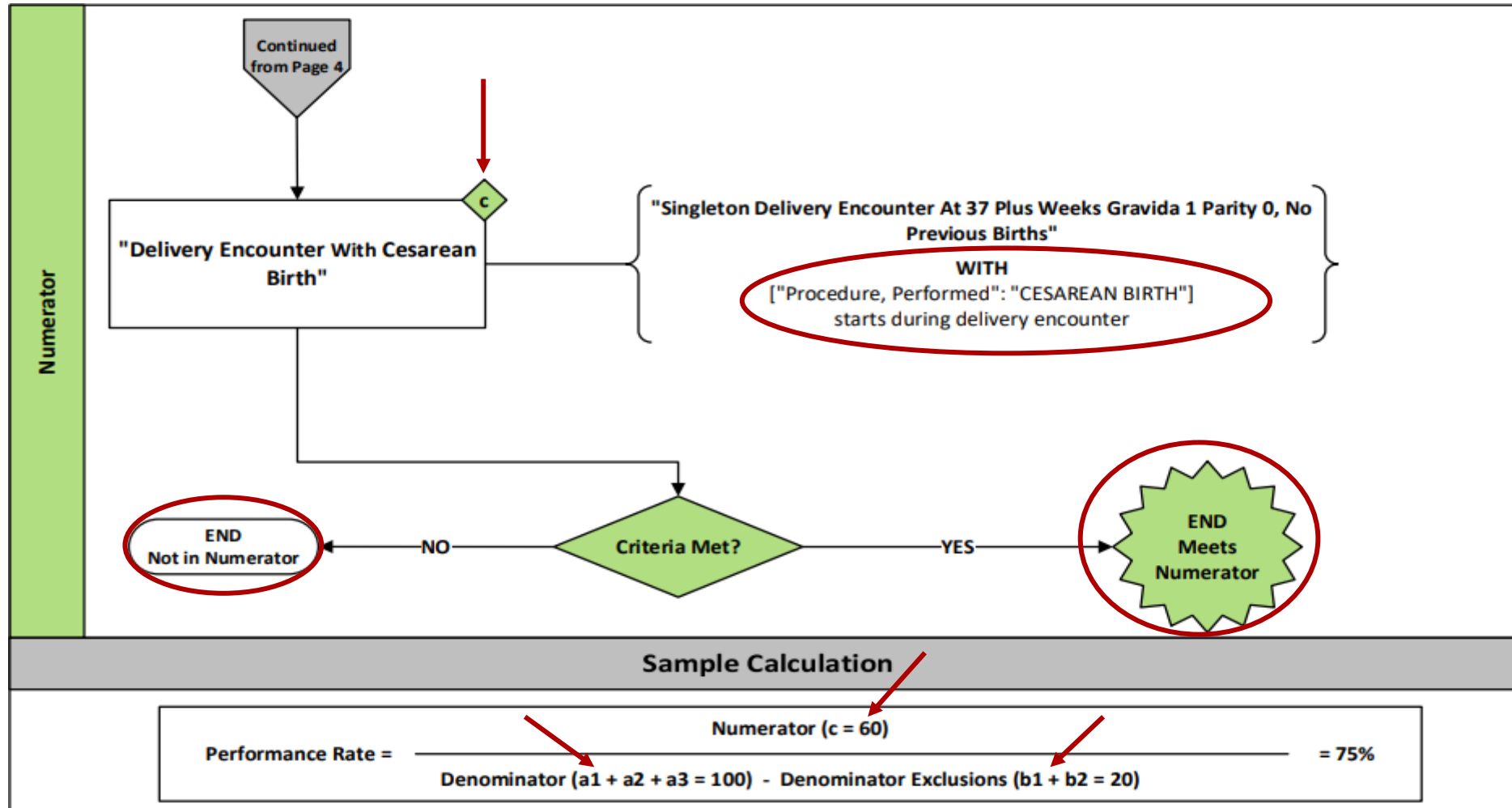
Should active genital herpes be excluded from the measure with only ICD-10 codes or a physician documentation to include active?

A patient had a Cesarean section due to suspected genital herpes lesions, but due to negative test results after delivery, the ICD-10 code for herpes was not applied to the encounter. Could the SNOMED code through for herpes be captured through provider documentation?

Answer:

Encounters that meet the denominator exclusion related to active genital herpes must include an ICD-10 or SNOMED encounter diagnosis code as identified in the value set “Genital Herpes” (2.16.840.1.113883.3.464.1003.110.12.1049). If neither an ICD-10 nor a SNOMED code is entered, the patient will not meet the criteria for the denominator exclusion. SNOMED terminology within the value set may be mapped to documentation such as the problem list where physicians update which ones are active.

ePC-02 Measure Flow – Numerator



CMS1028/ePC-07 Severe Obstetric Complications

ePC-07 Background

TJC developed ePC-07 in collaboration with:

- Yale New Haven Health Services Corporation-Center for Outcomes Research and Evaluation (CORE)
- Expert advisor Dr. Elliott Main, Professor of Obstetrics and Gynecology, Stanford University School of Medicine and former Medical Director, California Maternal Quality Care Collaborative (CMQCC)



ePC-07 Rationale

- U.S.A. experiences higher rates of maternal morbidity and mortality than other developed countries
- Severe Maternal Morbidity (SMM) –
 - “Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health” (ACOG & SMFM)
- 65.8% of pregnancy-related deaths are preventable
- Large variability in Severe Maternal Morbidity rates across hospitals in the U.S.
- Health effects to mother:
 - Higher costs
 - Longer lengths of stay

1. Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 US Maternal Mortality Review Committees. *Education*. 2019;40(36):8.2.
 2. Hoyert DL. Maternal mortality rates in the United States, 2023. NCHS Health E-Stats. 2025. DOI: <https://dx.doi.org/10.15620/cdc/174577>
 3. Premier Inc. *Report 2: The Added Cost of Complications During and After Delivery*. 2019.
-

ePC-07 Severe Maternal Morbidity & Mortality

- SMM defined by the Centers for Disease Control and Prevention (CDC) –
 - 21 indicators defined by ICD-10 diagnosis and procedure codes
- ePC-07 → modified version of CDC’s SMM with Present on Admission (POA) codes to identify SMM that is not POA
- ePC-07 goal: Assess prevalence of SMM and mortality
 - Specifications modeled after CDC’s SMM indicators, plus maternal mortality
 - May reference the CDC indicators of morbidity as “SMM,” but the measure outcome that includes morbidity and mortality is referred to as Severe Obstetric Complications (SOC)

SOC = SMM + Mortality

ePC-07 Risk Adjustment: Overview

Risk adjustment:

- Performed to account for patient characteristics and/or comorbidities associated with the outcome that may differ across hospitals
- Accounts for case mix differences between hospitals
- Achieved through the develop of risk model(s), typically multivariable regression models

ePC-07 Risk Adjustment

- Candidate risk variables were identified through:
 - Literature review
 - Hospital Core Clinical Data Elements
 - Input from clinicians, patients, and other experts
- Only conditions or comorbidities present on admission were included in risk adjustment (if POA information is missing, the condition is not included as a risk variable for that patient)

ePC-07 Risk Adjustment (2)

- Two risk models were developed, one for each measure outcome:
 - Any SOC, and
 - SOC excluding blood transfusion-only encounters
- Due to very low prevalence, a few risk variables were paired:
 - HIV was combined with autoimmune disease
 - Obstetric VTE was combined with long-term anticoagulant medication use

ePC-07 Risk Adjustment (3)

- Economic/housing instability is included as a risk factor
 - Related to outcome
 - Available in EHR
- The Severe Obstetric Complications Risk Adjustment Methodology Report and the Measure Updates and Results Report are available on the eCQI Resource Center (<https://ecqi.healthit.gov>)



Frequently Asked Questions (FAQ) (2)

Question:

Why are my hospital's risk-standardized measure results different than my observed complication rates?

Answer:

The risk-standardized measure score is anchored by the national outcome rate and not by an individual hospital's observed outcome rate. Risk-standardized measure results should not be compared to observed unadjusted complication rates, but can be compared to results from other hospitals and the national rate.



ePC-07 Key Points

- Value sets are used to group each category of SMM Diagnosis Codes
 - Review all numerator cases to determine quality improvement opportunities and coding documentation
- Risk adjustment does not exclude cases
- If POA information is missing, conditions may not be included as risk variables or correctly quality for the numerator
- Rates are reported per 10,000 delivery hospitalizations

ePC-07 Measure Specifications

Description: Patients with severe obstetric complications which occur during the inpatient delivery hospitalization.

Initial Population	Denominator	Denominator Exclusion ¹
Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization¹
Age: ≥ 8 and < 65 years	Delivery of stillborn or live birth	Patients with confirmed COVID diagnosis with: <ul style="list-style-type: none"> • COVID-related respiratory condition or • COVID-related respiratory procedure¹
Delivery procedure with a discharge date that ends during measurement period	≥ 20 weeks, 0 days gestation completed	

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-07 Numerator 1 – Delivery Encounters with Severe Obstetric Complications

Numerator 1

1. Severe Maternal Morbidity

Cardiac

- Acute heart failure**
- Acute myocardial infarction
- Aortic aneurysm
- Cardiac arrest/ventricular fibrillation
- Heart failure/arrest during procedure or surgery

Hemorrhage

- Disseminated intravascular coagulation
- Shock

Renal

- Acute renal failure

(SMM) Diagnoses*:

Respiratory

- Adult respiratory distress syndrome
- Pulmonary edema**

Sepsis

Other OB

- Air and thrombotic embolism
- Amniotic fluid embolism
- Eclampsia
- Severe anesthesia complications

Other Medical

- Puerperal cerebrovascular disorder
- Sickle cell disease with crisis

2. Severe Maternal Morbidity (SMM)

Procedures:

- Blood transfusion
- Conversion of cardiac rhythm
- Hysterectomy
- Temporary tracheostomy
- Ventilation

* Only SMM conditions which are NOT present on admission are included in the numerators

** CDC groups acute heart failure and pulmonary edema together as one SMM indicator, hence, a total of 21 indicators as opposed to the 22 listed here.

3. Discharge Disposition of Expired

ePC-07 Numerator 2 – Delivery Encounters with Severe Obstetric Complications Excluding Blood Transfusions Only

Numerator 2

1. Severe Maternal Morbidity

Cardiac

- Acute heart failure**
- Acute myocardial infarction
- Aortic aneurysm
- Cardiac arrest/ventricular fibrillation
- Heart failure/arrest during procedure or surgery

Hemorrhage

- Disseminated intravascular coagulation
- Shock

Renal

- Acute renal failure

(SMM) Diagnoses*:

Respiratory

- Adult respiratory distress syndrome
- Pulmonary edema**

Sepsis

Other OB

- Air and thrombotic embolism
- Amniotic fluid embolism
- Eclampsia
- Severe anesthesia complications

Other Medical

- Puerperal cerebrovascular disorder
- Sickle cell disease with crisis

2. Severe Maternal Morbidity (SMM)

Procedures:

- Blood transfusion
- Conversion of cardiac rhythm
- Hysterectomy
- Temporary tracheostomy
- Ventilation

* Only SMM conditions which are NOT present on admission are included in the numerators

** CDC groups acute heart failure and pulmonary edema together as one SMM indicator, hence, a total of 21 indicators as opposed to the 22 listed here.

3. Discharge Disposition of Expired

ePC-07 Measure Specifications – Numerator Exclusions

Description: Patients in the numerator with blood transfusion or hysterectomy with a diagnosis of placenta percreta or placenta increta and no additional severe obstetrical

Numerator Exclusion 1	Numerator Exclusion 2
Inpatient hospitalizations with SOC	Inpatient hospitalizations with SOC – excluding blood transfusions only
AND Patients with blood transfusion or hysterectomy	AND Patients with blood transfusion or hysterectomy
AND WITH a diagnosis of placenta percreta or placenta increta	AND WITH a diagnosis of placenta percreta or placenta increta

ePC-07 Risk Adjustment Using Pre-Existing Conditions

Risk Adjustment Variables		
<ul style="list-style-type: none"> • Anemia • Asthma • Autoimmune Disease • Bariatric Surgery • Bleeding Disorder • Cardiac Disease • Gastrointestinal Disease • Gestational Diabetes • HIV • Housing Instability • Hypertension • Maternal Age • Mental Health Disorder • Morbid Obesity • Multiple Pregnancy 	<ul style="list-style-type: none"> • Neuromuscular Disease • Other Pre-eclampsia • Placenta Previa • Placental Abruption • Placental Accreta Spectrum • Pre-existing Diabetes • Preterm Birth • Previous Cesarean • Pulmonary Hypertension • Renal Disease • Severe Pre-eclampsia • Substance Abuse • Thyrotoxicosis • Long-term Anticoagulant Use • Obstetric VTE 	<p>First resulted value 24 hours prior to start of encounter and before time of delivery:</p> <ul style="list-style-type: none"> • Heart Rate • Systolic Blood Pressure • White Blood Cell Count • Hematocrit

ePC-07 Present on Admission (POA)



General Reporting Requirements:

- POA indicator reporting is required for all claims involving inpatient admissions to general acute care hospitals or other facilities.
- POA is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA.
- A POA Indicator must be assigned to principal and secondary diagnoses (as defined in Section II of the Official Guidelines for Coding and Reporting) and the external cause of injury codes. CMS does not require a POA Indicator for an external cause of injury code unless it is being reported as an “other diagnosis.”

<https://www.cms.gov/medicare/payment/fee-for-service-providers/hospital-acquired-conditions-hac/reporting>

ePC-07 Numerator – POA is No or UTD



▲ Numerator

"Delivery Encounters With Severe Obstetric Complications"

Valueset "Present on Admission is No or Unable To Determine"

- **N** - Diagnosis was not present at time of inpatient admission
- **U** - Documentation insufficient to determine if the condition was present at the time of inpatient admission
- **W** - Clinically undetermined

▲ Delivery Encounters With Severe Obstetric Complications

"Delivery Encounters With Severe Obstetric Complications Diagnosis Or Procedure Excluding Blood Transfusion"
union "Delivery Encounters With Expiration"
union "Delivery Encounters With Blood Transfusion"

▲ Delivery Encounters With Severe Obstetric Complications Diagnosis Or Procedure Excluding Blood Transfusion

"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation" TwentyWeeksPlusEncounter
where **POAIsNoOrUTD** (TwentyWeeksPlusEncounter).code in "Severe Maternal Morbidity Diagnoses"
or exists (["Procedure, Performed": "Severe Maternal Morbidity Procedures"] SMMProcedures
where Global."NormalizeInterval" (SMMProcedures.relevantDatetime, SMMProcedures.relevantPeriod) starts during
PCMaternal."HospitalizationWithEDOBTriageObservation" (TwentyWeeksPlusEncounter)
)

Please note that present on admission codes may be extracted from billing/claims data that was entered by coding staff.

ePC-07 Risk Adjustment Variables and POA



“POAIsYesOrExempt” function

▲ Risk Variable Anemia

"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation" TwentyWeeksPlusEncounter where **POAIsYesOrExempt**(TwentyWeeksPlusEncounter).code in "Anemia"

▲ Risk Variable Asthma

"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation" TwentyWeeksPlusEncounter where **POAIsYesOrExempt**(TwentyWeeksPlusEncounter).code in "Acute or Persistent Asthma"

▲ Risk Variable Autoimmune Disease

"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation" TwentyWeeksPlusEncounter where **POAIsYesOrExempt**(TwentyWeeksPlusEncounter).code in "Autoimmune Disease"

▲ POAIsYesOrExempt(Encounter "Encounter, Performed")

```
Encounter.diagnoses EncounterDiagnoses
where EncounterDiagnoses.presentOnAdmissionIndicator in "Present On Admission is Yes or Exempt"
return EncounterDiagnoses.code
```

Valueset “Present On Admission is Yes or Exempt”

- 1 – Unreported/Not used. Exempt from POA reporting
- Y – Diagnosis was present at time of inpatient admission

ePC-07 Measure Changes from 2025 to 2026 – Clinical

Measure Components	Reporting Year 2025	Reporting Year 2026
Guidance	<p>2. The GA is obtained from a discrete field in the electronic health record. This option is only used when the calculated GA is not available.</p> <p>3....</p> <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.</p>	<p>2. The¹<u>When the calculated GA is not available, the</u>²GA is obtained from a discrete field in the electronic health record. This option is only used when the calculated GA is not available¹<u>The intent is to capture the last estimated GA in the interval starting 24 hours or less prior to delivery and ending before midnight on the same day of delivery.</u>²</p> <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.¹</p>

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-07 Measure Changes from 2025 to 2026 – Clinical (2)

Measure Components	Reporting Year 2025	Reporting Year 2026
Rate Aggregation Numerator Exclusions	<p>NumExcl: Delivery encounters with blood transfusion or hysterectomy with Placenta Percreta or Placenta Increta</p> <p>Den: Delivery encounters with > or = 20 weeks gestation completed</p>	<p>NumExcl¹ <u>Numerator Exclusions of Population Criteria 1</u>²: Delivery encounters with blood transfusion or hysterectomy with Placenta Percreta¹ <u>placenta percreta</u>² or Placenta Increta¹ <u>placenta increta</u> and no additional SOCs</p> <p>Den¹ <u>Numerator Exclusions of Population Criteria 2</u>: <u>Delivery encounters with SOC excluding encounters where transfusion was the only SOC with a hysterectomy or blood transfusion with a diagnosis of placenta percreta or placenta increta and no additional SOCs</u>²</p>
Denominator Exclusions	<p>DenExcl: Delivery encounters for patients with a COVID diagnosis and COVID-related respiratory condition or a COVID diagnosis and COVID-related respiratory procedure</p>	<p>Den¹ <u>Denominator</u>²: Delivery encounters with > or = 20 weeks' gestation completed</p> <p>DenExcl: Delivery encounters for patients with a COVID diagnosis and COVID-related respiratory condition or a COVID diagnosis and COVID-related respiratory procedure¹</p>

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-07 Measure Changes from 2025 to 2026 – Clinical (3)

Measure Components	Reporting Year 2025	Reporting Year 2026
Improvement Notation	Improvement noted as a decrease in the rate	Improvement noted as a decrease in the rate ¹ <u>Decreased score indicates improvement</u> ²
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, sex, variable calculated gestational age, SOC diagnosis details, and SOC procedure details	For every patient evaluated by this measure also identify payer, <u>and sex, variable</u> . ¹ <u>No additional supplemental data elements are required to be submitted by reporting entities; all other needed data points are</u> ² <u>calculated gestational age, SOC diagnosis details, and SOC procedure details</u> ¹ following data receipt. ²

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-07 Measure Changes from 2025 to 2026 – Technical

Measure Components	Reporting Year 2025	Reporting Year 2026
Logic Denominator Exclusions	"Delivery Encounters with COVID and Respiratory Condition or Procedure"	"Delivery Encounters with COVID and Respiratory Condition or Procedure" ¹ <u>None</u> ²
Definitions: Delivery Encounters With Severe Obstetric Complications Diagnosis Or Procedure Excluding Blood Transfusion	"Delivery Encounters At Greater than or Equal to 20 Weeks Gestation" TwentyWeeksPlusEncounter where "POAIsNoOrUTD"(TwentyWeeksPlusEncounter).code in "Severe Maternal Morbidity Diagnoses" or exists (["Procedure, Performed": "Severe Maternal Morbidity Procedures"] SMMProcedures where Global."NormalizeInterval" (SMMProcedures.relevantDatetime, SMMProcedures.relevantPeriod) starts during day of PCMaternal."HospitalizationWithEDOBTriageObservation" (TwentyWeeksPlusEncounter))	"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation" TwentyWeeksPlusEncounter where "POAIsNoOrUTD"(TwentyWeeksPlusEncounter).code in "Severe Maternal Morbidity Diagnoses" or exists (["Procedure, Performed": "Severe Maternal Morbidity Procedures"] SMMProcedures where Global."NormalizeInterval" (SMMProcedures.relevantDatetime, SMMProcedures.relevantPeriod) starts during day of ¹ PCMaternal."HospitalizationWithEDOBTriageObservation" (TwentyWeeksPlusEncounter))

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

ePC-07 Measure Changes from 2025 to 2026 – Technical (2)

Measure Components	Reporting Year 2025	Reporting Year 2026
Definitions	N/A	Multiple CQL definitions, functions, and/or aliases updated to align with the CQL Style Guide.
Supplemental Data Elements (SDE)	N/A	Logic was added to the SDE section for ‘SDE Delivery Encounters With Severe Obstetric Complication Procedures’ and ‘SDE Delivery Encounters with Severe Obstetric Complication Diagnosis’.
Terminology	N/A	Multiple value sets with code additions/deletions due to terminology updates. See eCQM value sets and Technical Release Notes for more details.

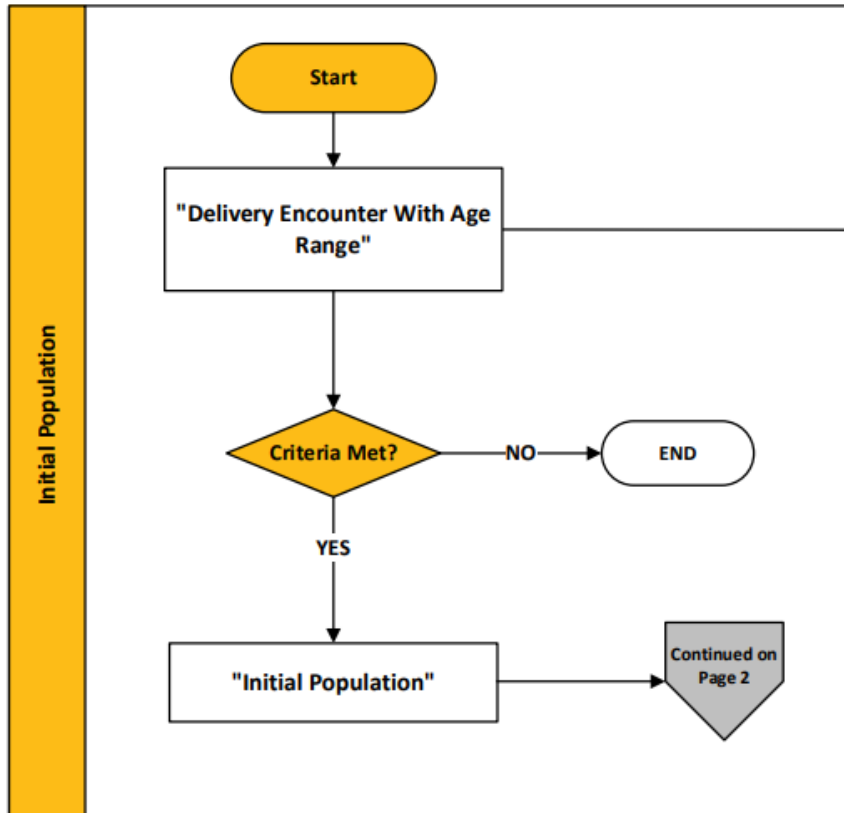
For more details of all the technical changes, download a copy of the technical release notes for ePC-07 here: <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS1028-v4.3.000-TRN.xlsx>.

CMS1028/ePC-07 Severe Obstetric Complications

Measure Flow with Logic

ePC-07 Measure Flow – Initial Population

PCMaternal.“Delivery Encounter with Age Range”



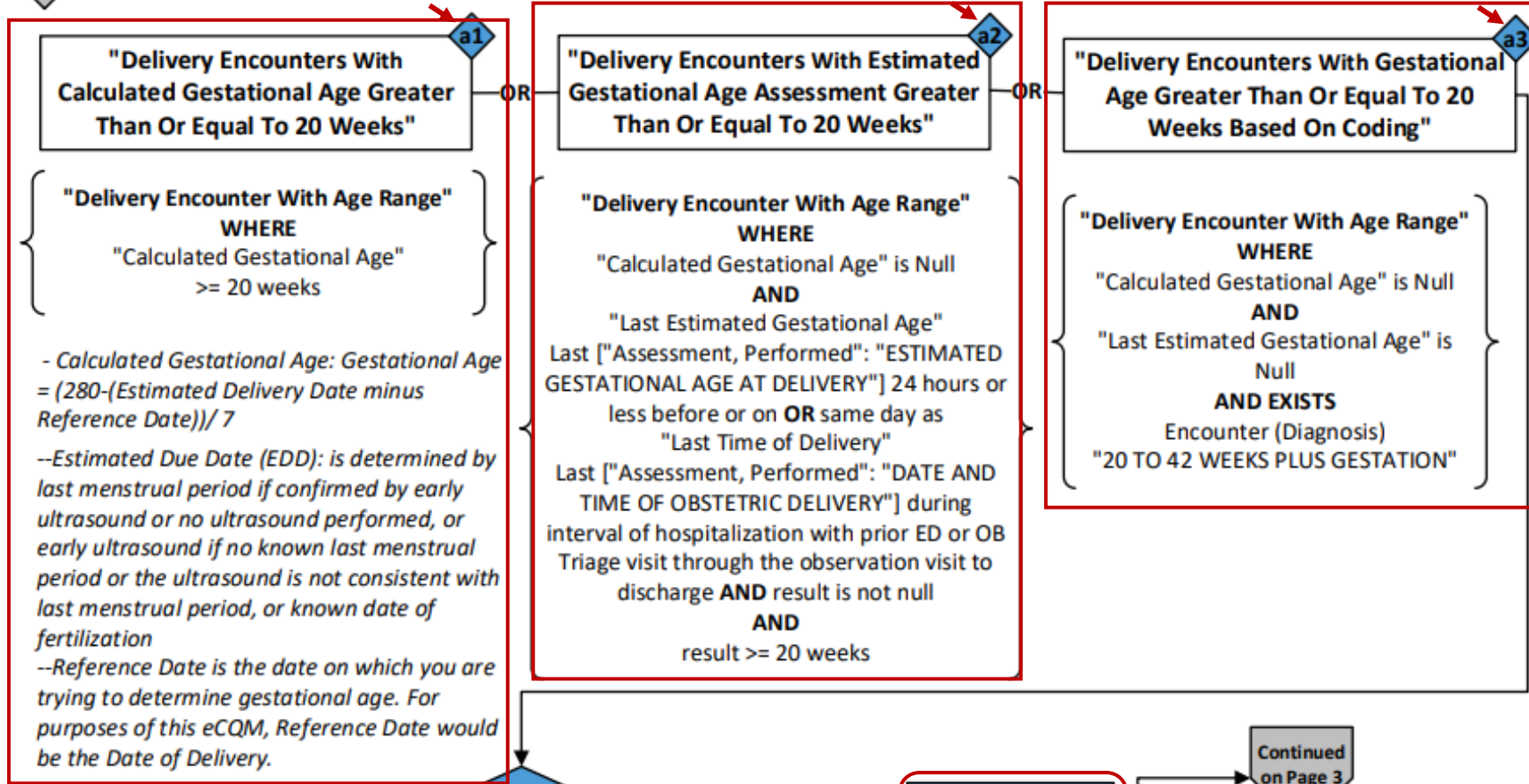
“Encounter With Age Range”
[“Encounter, Performed”: “ENCOUNTER INPATIENT”]
ends during the measurement period
WHERE
Age in Years \geq and $<$ 65 at the start of the Inpatient encounter
WITH
[“Procedure, Performed”: “DELIVERY PROCEDURES”]
starts during interval of the hospitalization with prior ED or OB Triage visit
through the observation visit to discharge

ePC-07 Measure Flow – Denominator

Denominator Populations 1 and 2

Continued from Page 1

"Delivery Encounters At Greater Than Or Equal To 20 Weeks Gestation"



END

NO

Criteria Met?

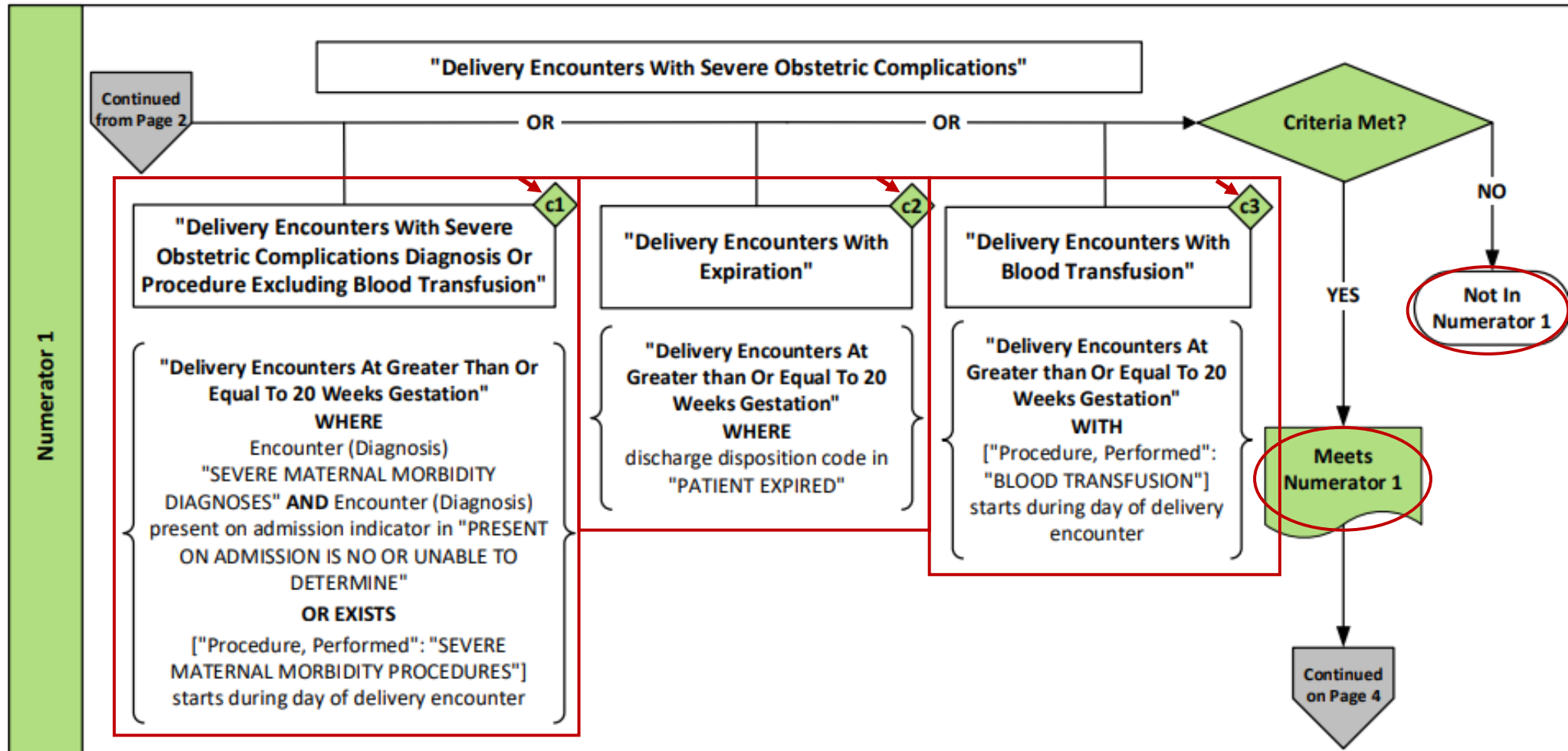
YES

Meets Denominator

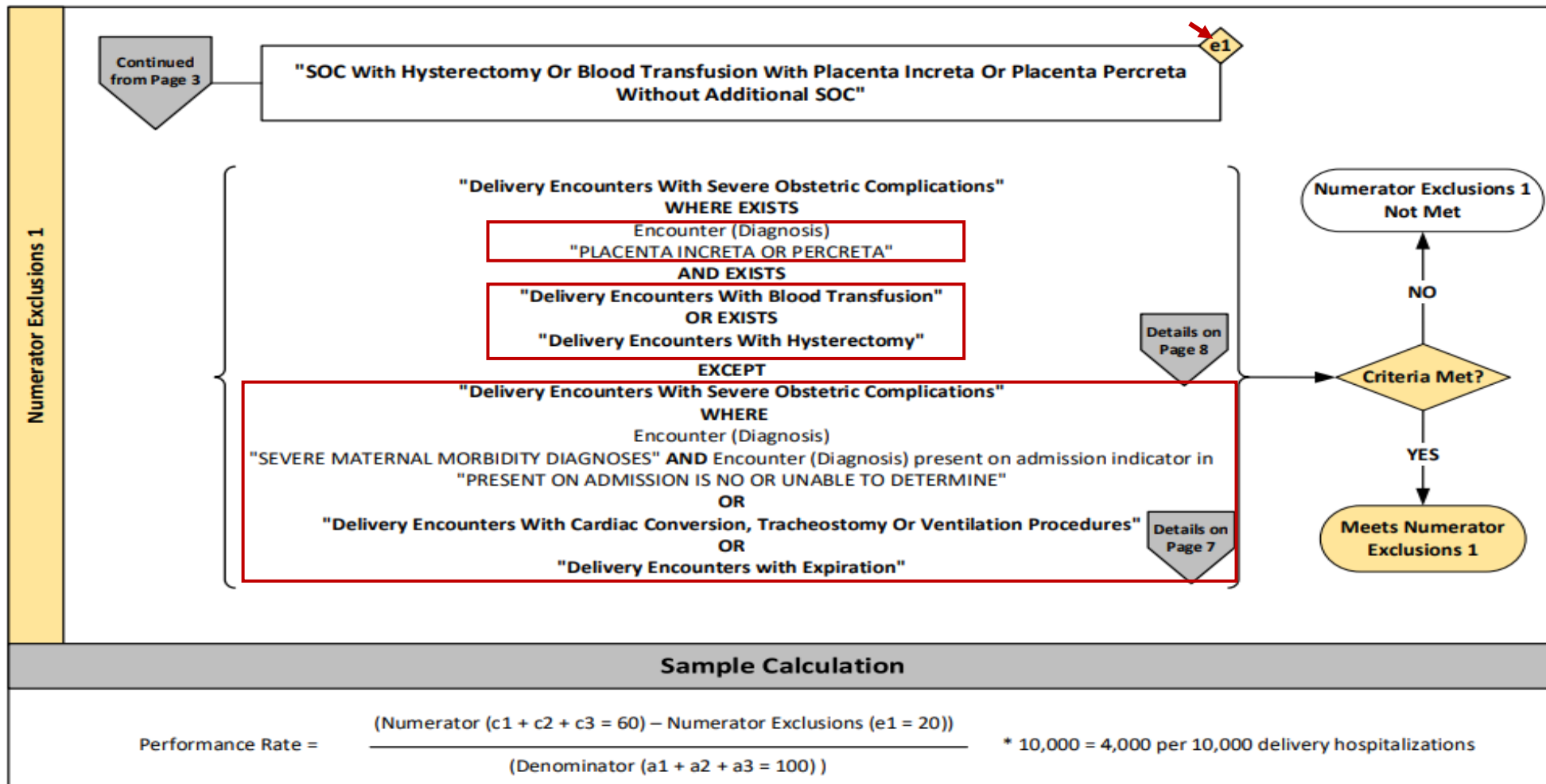
Continued on Page 3

Continued on Page 5

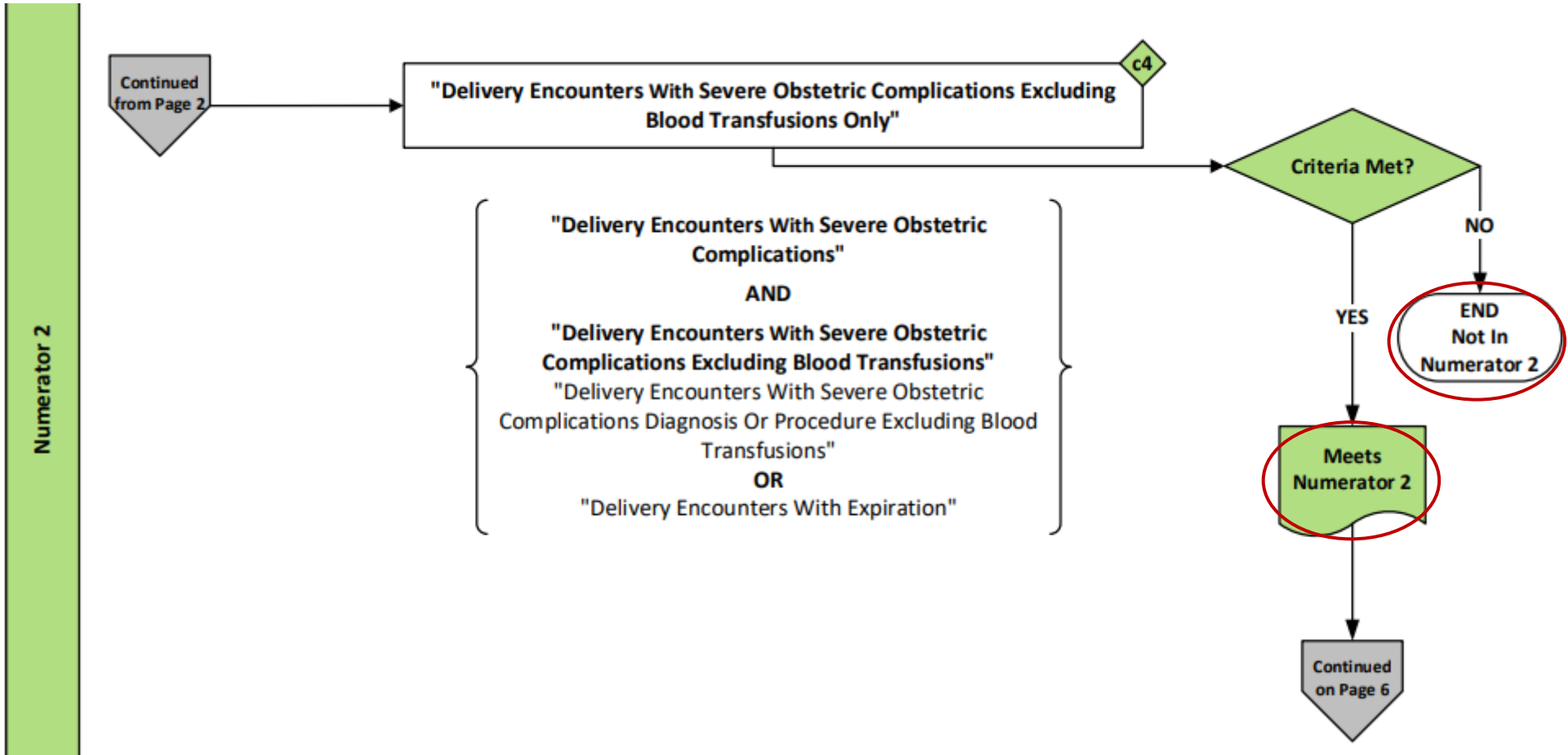
ePC-07 Measure Flow – Numerator 1



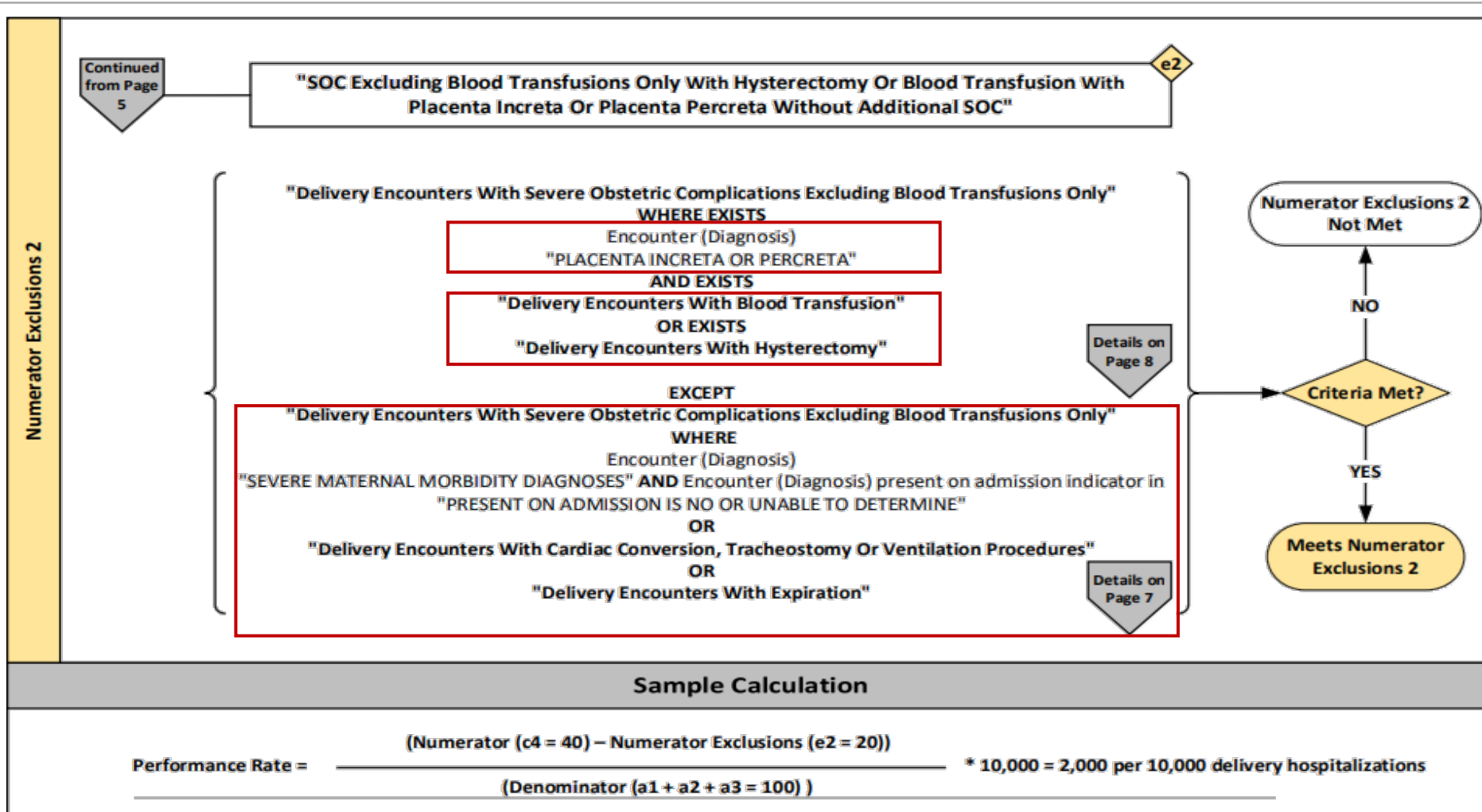
ePC-07 Measure Flow – Numerator Exclusions 1



ePC-07 Measure Flow – Numerator 2



ePC-07 Measure Flow – Numerator Exclusions 2





Frequently Asked Questions (FAQ) (3)

Question:

The numerator exclusions are for inpatient hospitalizations with a diagnosis of placenta percreta or placenta increta and no additional severe obstetrical complications and a blood transfusion or hysterectomy. Is placenta accreta included in this exclusion?

Answer:

Placenta accreta is not included in the numerator exclusions. The Technical Advisory Panel (TAP) felt that not all cases of placenta accreta require a hysterectomy, and reproductive justice or preservation should be considered.

Resources



eCQI Resource Center – CMS EH Measures –

https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=eCQMs

Get Started with eCQMs – https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education

Teach Me Clinical Quality Language (CQL) Video Series –

<https://ecqi.healthit.gov/cql/education>

Hospitalization with Observation –

https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov

What is a Value Set? –

<https://register.gotowebinar.com/recording/4766956164118938369>

Additional Resources

Value Set Authority Center (VSAC) Support –

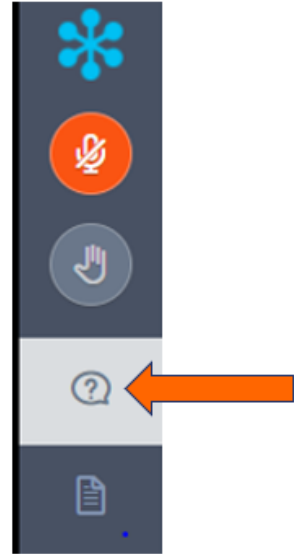
<https://www.nlm.nih.gov/vsac/support/index.html>

Expert to Expert Webinar Series –

<https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>

ASTP/ONC Issue Tracking System – <https://oncprojecttracking.healthit.gov/>

Live Q&A Segment



- Please submit questions via the question pane
- Click the Question mark icon in the toolbar
- Type and submit your question
- Include slide reference number when possible
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document
- The follow-up document will be posted to the Joint Commission website in several weeks after CMS approval



Expert to Expert Webinar Series Slides and Operations Questions

To access webinar recording links, slides, and transcripts, visit

<https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos> and scroll down.

Questions about webinar operations or obtaining Continuing Education credit:

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Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.



Webinar Series



Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.



eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.



Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).



Measure-Specific Webinars



Continuous Customer

Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.



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An automated email sent after this broadcast also directs you to the evaluation survey.



Survey open for 2 weeks

CEs are available for live broadcast participation only. Promptly complete the survey.



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Acronyms

Acronym	Definition/Phrase
CBE	Consensus-Based Entity
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HIQR	Hospital Inpatient Quality Reporting
IP	Initial Population
ICD-10	International Classification of Diseases, Tenth Revision
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
PC	Perinatal Care
VSAC	Value Set Authority Center

Joint Commission and Yale CORE Subject Matter Experts and Presenters

Sheila Aguilar, MBA, Associate Project Director, Clinical Quality Informatics, Joint Commission

Raquel Belarmino, MSN, RN, Associate Project Director, Clinical Quality Informatics, Joint Commission

Melissa Breth, DNP, RN, NI-BC, Associate Project Director, Clinical Quality Informatics, Joint Commission

Valery A. Danilack, MPH, PhD, Associate Research Scientist, Yale School of Medicine, Yale/YNHH Center for Outcomes Research and Evaluation (CORE)

Kelley Franklin, MSN, RN, Associate Project Director, Clinical Quality Measurement, Joint Commission

Susan Funk, MPH, Associate Project Director, Engagement on Quality Improvement Programs, Joint Commission

Yanyan Hu, MS, Program Director, Clinical Quality Informatics, Joint Commission

Karen Kolbusz, MBA, BSN, RN, Project Director, Clinical Quality Measurement, Joint Commission
