



# Annual Updates for HH-Hyper (CMS871v5) and HH-Hypo (CMS816v5) for 2026 Reporting Year

Expert to Expert Webinar Series

**Broadcast Webinar**  
**April 2, 2026**  
**Continuing Education (CE)**  
**Credit Available for Live**  
**Webinar Attendance only**

# Webinar Platform – Functionality

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Audio is by VOIP only – Use your computer speakers/headphones to listen. There are no dial in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events. Refresh your screen/rejoin.

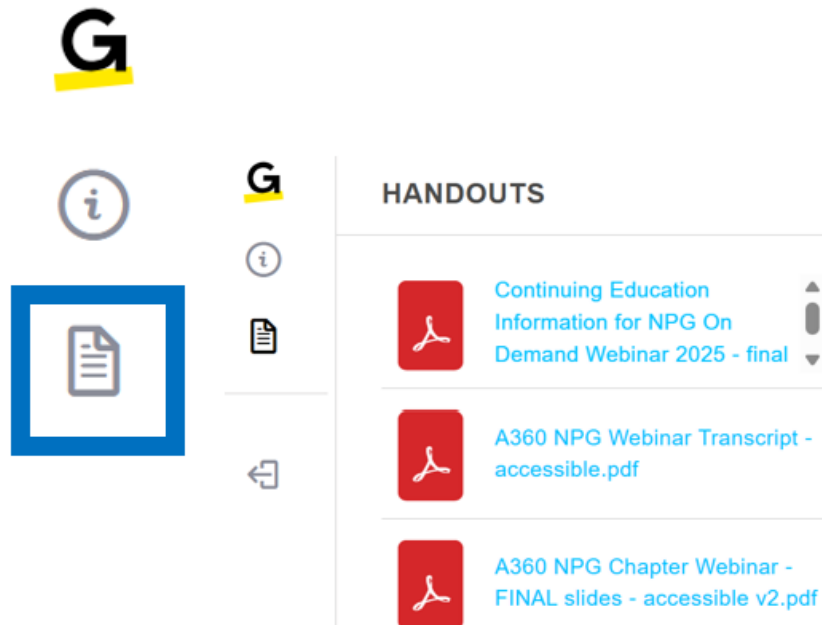
We will not be recognizing the Raise a Hand or Chat features.

To ask a question, click on the Question Mark icon in the audience toolbar. A panel will open for you to type your question and submit.

The slides are designed to follow Americans with Disabilities Act rules.



# Access the Slides



Click document icon in the navigation pane

Select file name

Document will open in a new window

Print or download

Two weeks after this webinar, the slides will be accessible via the eCQI Resource Center and also on Joint Commission's website:

[www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos](http://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos)

# Continuing Education Information

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Relevant information about Continuing Education (CE) credit can be found in attachment provided:

- Entities providing credit
- Requirements to earn credit
- Survey/attestation and certificate



**Credit is available for this webinar for live broadcast attendance only.**

Joint Commission maintains a participant's privacy and confidentiality per organizational policy. Please visit [Joint Commission's website](#) for more information on continuing education policies.

# Participant Learning Objectives

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Locate eCQM resources on the eCQI Resource Center.

Facilitate your organization's implementation of the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQMs annual updates for the 2026 reporting year.

Utilize answers to common issues/questions regarding the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQMs to inform 2026 use/implementation.

# Topics Not Covered in this Program

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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

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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 this webinar content.



# Webinar Agenda

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- Review the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQM 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 10 Year Anniversary Resource Center logo and navigation links for eCQMs, dQMs, Resources, and About. The main content area is titled 'Hospital - Inpatient eCQMs' and features a filter for '2026' and 'eCQMs'. Below the filter, there is a link to 'eCQM Standards and Tools Version' and a summary of 17 eCQMs for the 2026 reporting period.

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# Hospital Harm - Severe Hyperglycemia (HH-Hyper) (CMS871v5)

# HH-Hyper and HH-Hypo - Background

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- CMS finalized the adoption of HH-Hyper and HH-Hypo into the Hospital Inpatient Quality Reporting and Promoting Interoperability programs in the fiscal year (FY) 2022 Inpatient Prospective Payment System (IPPS) rule
- Hospitals began voluntary reporting of the eCQMs for the calendar year (CY) 2023 reporting period/FY 2025 payment determination
- Public reporting of the eCQMs' scores began in CY 2024

# HH-Hyper – Rationale and Intent

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**Measure Description:** This measure assesses the number of inpatient hospital days for patients age 18 and older with a hyperglycemic event (harm) per the total qualifying inpatient hospital days for that encounter

## **Rationale and Intent:**

- The measure assesses occurrence and extent of severe hyperglycemia, not overall glucose control
- Severe hyperglycemia is associated with increased in-hospital mortality, infection rates, and hospital length of stay
- Lowering rates improves patient care while reducing costs
- Rates of inpatient severe hyperglycemia events indicate quality of care
- Severe hyperglycemia is preventable with proper glycemic management

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# Hospital Harm - Severe Hyperglycemia (HH-Hyper) Measure Header

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# HH-Hyper 2025 Reporting Year vs. 2026 Reporting Year (1)

Measure Components	2025 Reporting Year	2026 Reporting Year
Initial Population	<p>Inpatient hospitalizations for patients age 18 and older that end during the measurement period, as well as either:</p> <ul style="list-style-type: none"> <li>- A diagnosis of diabetes that starts before the end of the encounter; or</li> <li>- Administration of at least one dose of insulin or any hypoglycemic medication that starts during the encounter; or</li> <li>- Presence of at least one glucose value <math>\geq 200</math> mg/dL at any time during the encounter.</li> </ul>	No change
Denominator	Equals Initial Population	No change

# ★ HH-Hyper 2025 Reporting Year vs. 2026 Reporting Year (2)

Measure Components	2025 Reporting Year	2026 Reporting Year
Denominator Exclusions	<p>-Inpatient hospitalizations for patients with a glucose result of <math>\geq 1000</math> mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter.</p> <p>-Inpatient hospitalizations for patients who have comfort care measures ordered or provided during the encounter.</p> <p>-Inpatient hospitalizations for patients who have a discharge disposition to home or to a health care facility for hospice care.</p>	<p>-Inpatient hospitalizations for patients with a glucose result of <u><math>\geq 600</math></u><sup>2</sup> <del><math>\geq 1000</math></del><sup>1</sup> mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter.</p> <p>-Inpatient hospitalizations for patients who have comfort care measures ordered or provided during the encounter.</p> <p>-Inpatient hospitalizations for patients who have a discharge disposition to <u>hospice care</u> at<sup>2</sup> home or <del>to</del><sup>1</sup> <u>in</u><sup>2</sup> a health care facility <del>for hospice care</del><sup>1</sup>.</p>

Notes:

<sup>1</sup> Indicates text that contains strikethrough

<sup>2</sup> Indicates underlined text

# HH-Hyper 2025 Reporting Year vs. 2026 Reporting Year (3)

Measure Components	2025 Reporting Year	2026 Reporting Year
Numerator	<p>Inpatient hospitalizations with a hyperglycemic event within the first 10 days of the encounter minus the first 24 hours, and minus the last period before discharge from the hospital if less than 24 hours.</p> <p>A hyperglycemic event is defined as:</p> <ul style="list-style-type: none"> <li>- A day with at least one glucose value &gt;300 mg/dL.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was <math>\geq 200</math> mg/dL.</li> </ul>	No change



# HH-Hyper 2025 Reporting Year vs. 2026 Reporting Year (4)

Measure Components	2025 Reporting Year	2026 Reporting Year
Numerator Exclusions	<p>-Inpatient hospitalizations for patients with a glucose result of <math>\geq 1000</math> mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter.</p> <p>-Inpatient hospitalizations for patients who have comfort care measures ordered or provided during the encounter.</p> <p>-Inpatient hospitalizations for patients who have a discharge disposition to home or to a health care facility for hospice care.</p>	<p>-Inpatient hospitalizations for patients with a glucose result of <u><math>\geq 600</math></u><sup>2</sup> <del><math>\geq 1000</math></del><sup>1</sup> mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter.</p> <p>-Inpatient hospitalizations for patients who have comfort care measures ordered or provided during the encounter.</p> <p>-Inpatient hospitalizations for patients who have a discharge disposition to <u>hospice care at</u><sup>2</sup> home or <del>to</del><sup>1</sup> <u>in</u><sup>2</sup> a health care facility <del>for hospice care</del><sup>1</sup>.</p>

Notes:

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<sup>2</sup> Indicates underlined text

# ★ HH-Hyper 2025 Reporting Year vs. 2026 Reporting Year (5)

Measure Components	2026 Reporting Year
Measure Observations	<p><del>There are two Measure Observations:</del><sup>1</sup></p> <p><del>Encounter</del><sup>1</sup> <u>Measure</u><sup>2</sup> Observation 1, associated with the denominator of the ratio: The total number of eligible days of the inpatient hospitalization which match the initial population/denominator criteria and did not meet the denominator exclusion criteria.</p> <p><del>Encounter</del><sup>1</sup> <u>Measure</u><sup>2</sup> Observation 2, associated with the numerator of the ratio: The total number of hyperglycemic days during the inpatient hospitalization that meet the numerator criteria and did not meet the numerator exclusion criteria. Days with a hyperglycemic event are defined as:</p> <ul style="list-style-type: none"> <li>- All days with a glucose level &gt;300 mg/dL (except those occurring in the first 24-hour period after admission to the hospital (including the emergency department and observation)) OR</li> <li>- All days where a glucose was not measured, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was &gt;=200 mg/dL.</li> </ul> <p><del>The length of stay for all eligible inpatient hospitalizations is truncated to &lt;=10 days when the length exceeds 10 days.</del><sup>1</sup></p> <p><del>Do not count the last day if it was less than a 24-hour period as this is not considered a full day.</del><sup>1</sup></p>

Notes:

<sup>1</sup> Indicates text that contains strikethrough

<sup>2</sup> Indicates underlined text

# HH-Hyper Resources

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- CMS871v5 Measure Specification
  - <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS871-v5.1.000-QDM.html>
- Technical Release Notes
  - <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS871-v5.1.000-TRN.xlsx>

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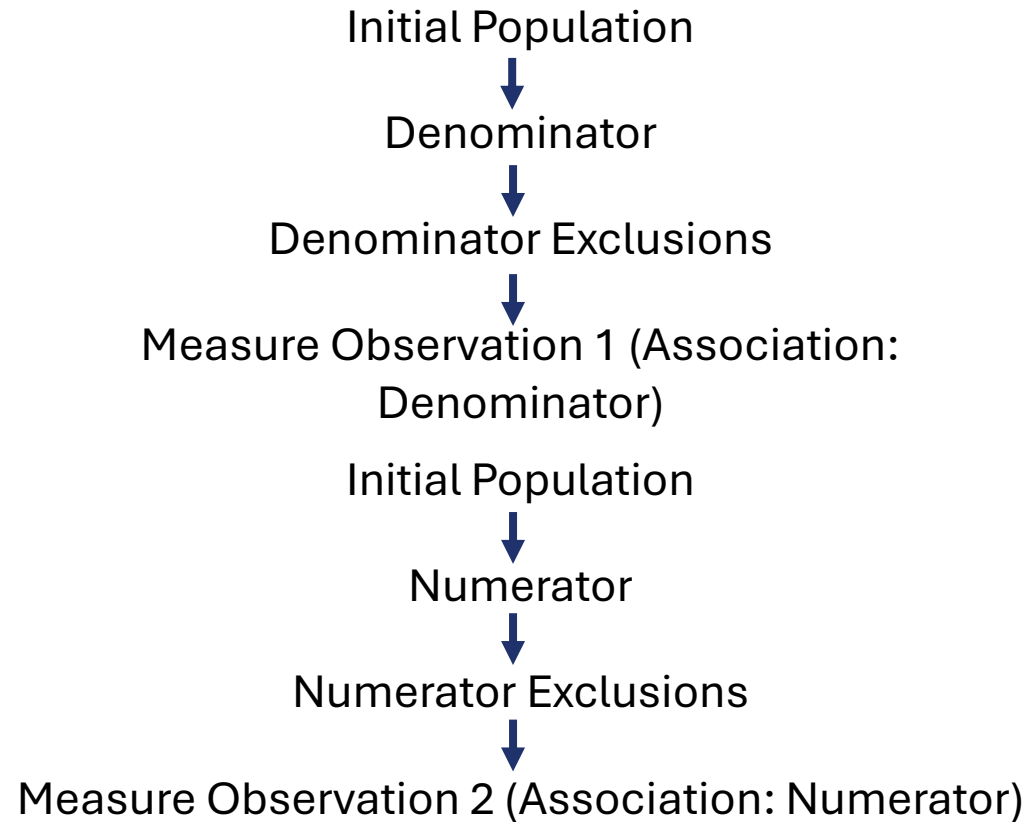
# Hospital Harm - Severe Hyperglycemia (HH-Hyper) Measure Flow & Logic

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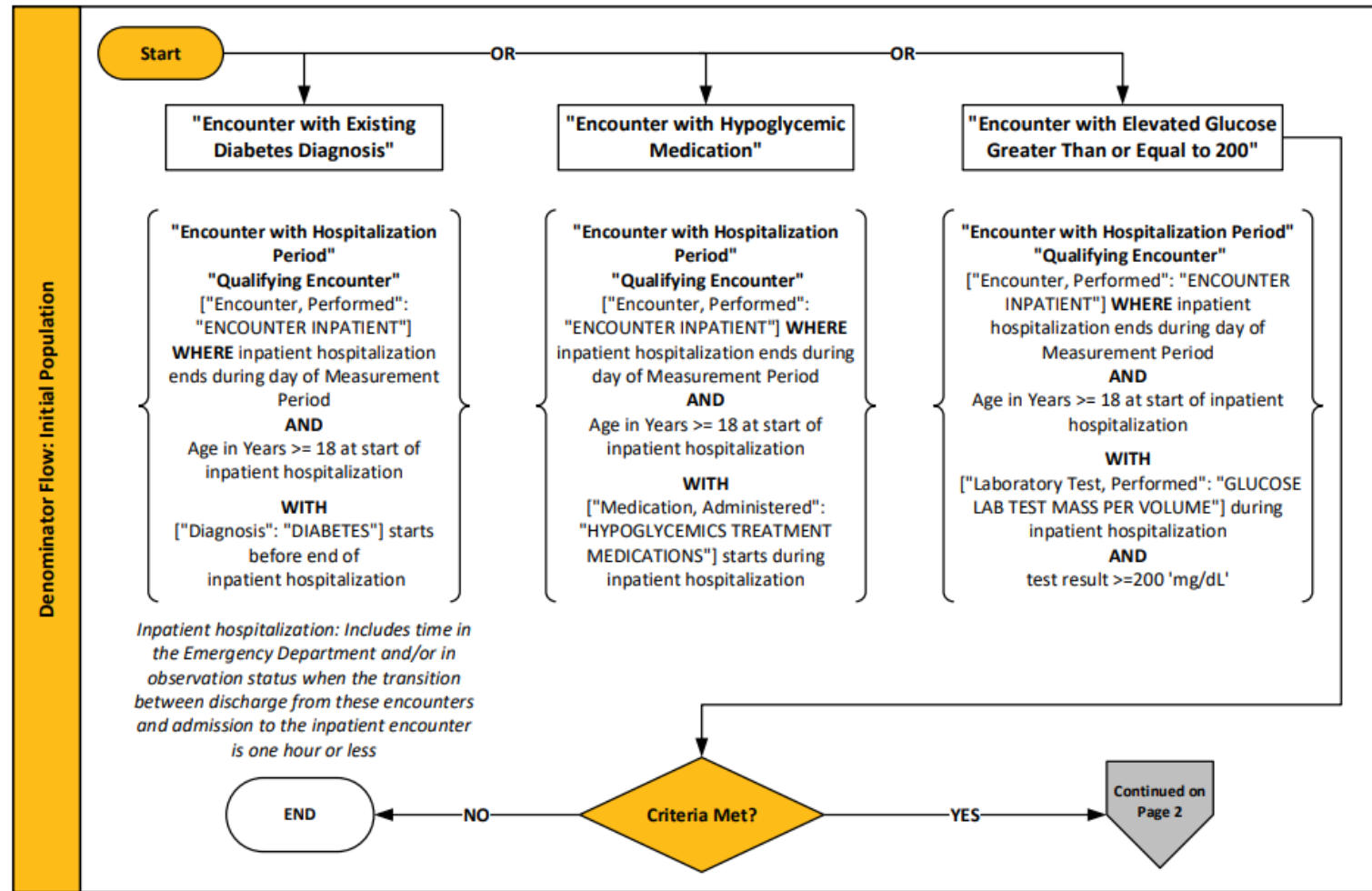
# HH-Hyper Measure Flow Order

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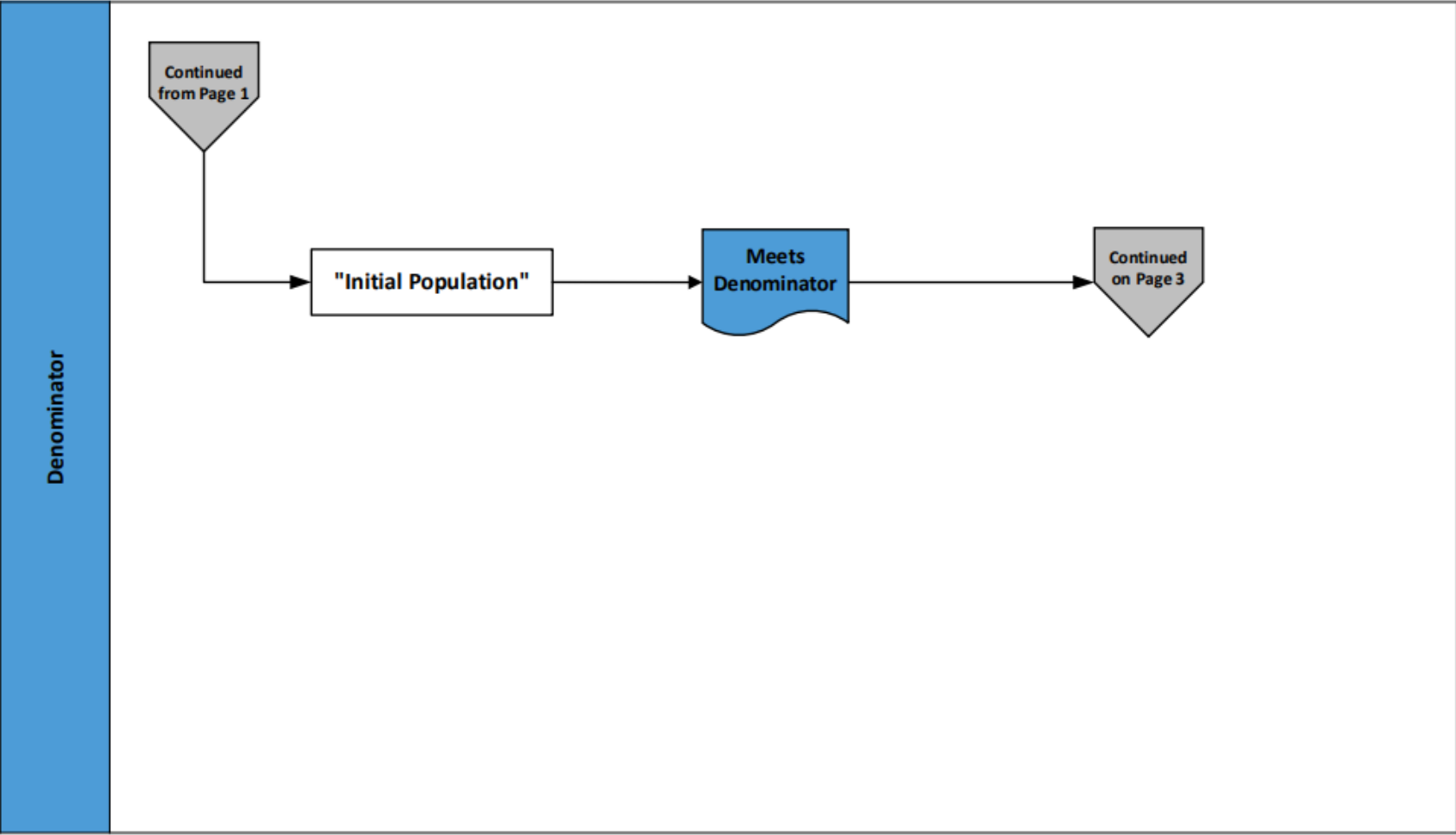
## Measure Flow Order



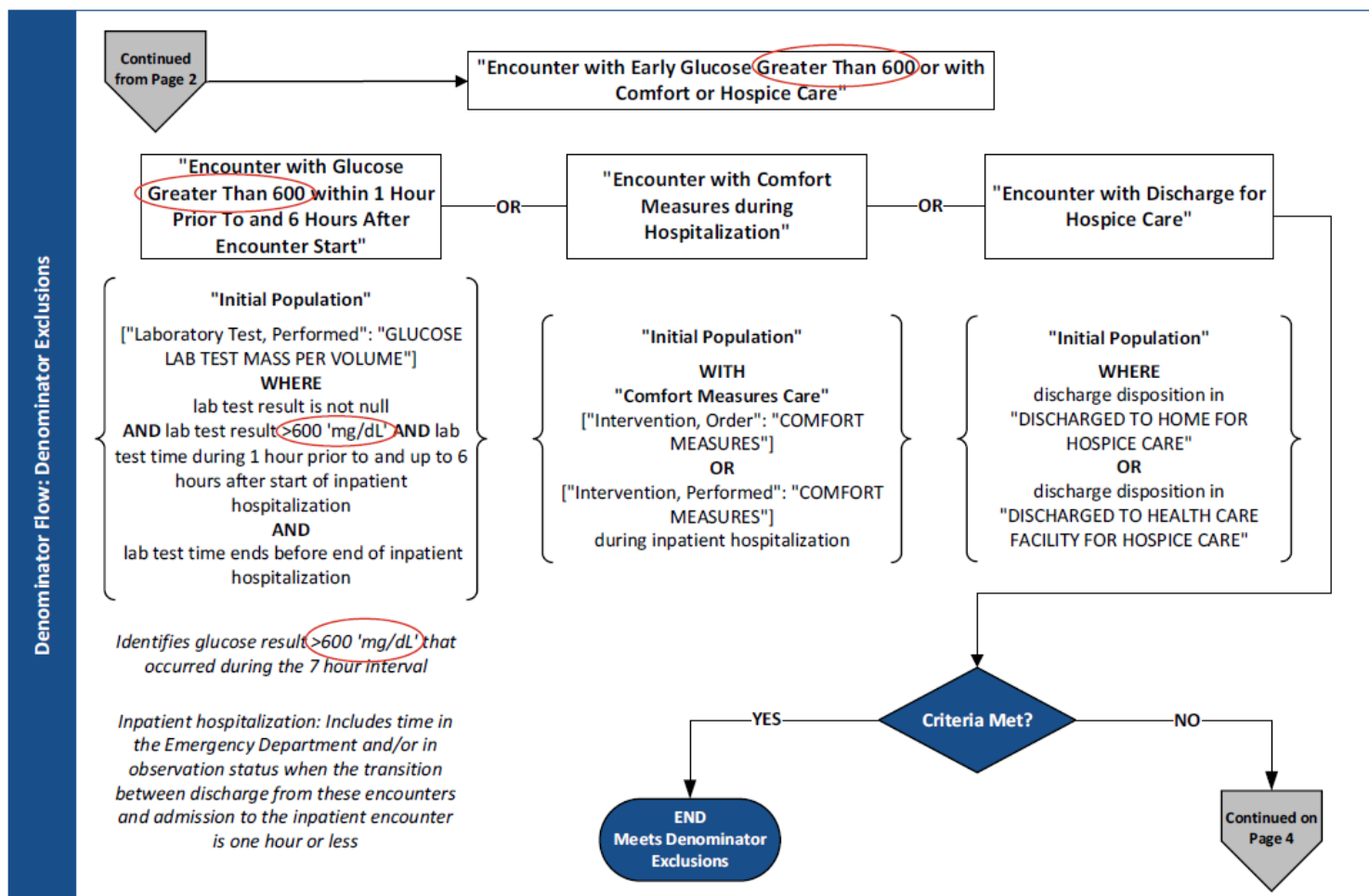
# HH-Hyper Initial Population (1/2)



# HH-Hyper Denominator



# ★ HH-Hyper Denominator Exclusions





# HH-Hyper Denominator Exclusions - Logic Update

Denominator Exclusions: “Encounter with Early Glucose Greater Than 600<sup>2</sup> ~~or Equal to 1000~~<sup>1</sup> or with Comfort or Hospice Care”

Encounter with Early Glucose Greater Than 600<sup>2</sup> ~~or Equal to 1000~~<sup>1</sup> or with Comfort or Hospice Care

→ "Encounter with Glucose Greater Than 600<sup>2</sup> ~~or Equal to 1000~~<sup>1</sup> within 1 Hour Prior To and 6 Hours After Encounter Start"  
union "Encounter with Comfort Measures during Hospitalization"  
union "Encounter with Discharge for Hospice Care"

Encounter with Glucose Greater Than 600<sup>2</sup> ~~or Equal to 1000~~<sup>1</sup> within 1 Hour Prior To and 6 Hours After Encounter Start  
from

"Initial Population" InpatientHospitalization,

[ "Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume" ] GlucoseTest

let GlucoseTestTime: Global."EarliestOf" ( GlucoseTest.relevantDatetime, GlucoseTest.relevantPeriod ),

HospitalPeriod: Global."HospitalizationWithObservation" ( InpatientHospitalization )

where GlucoseTest.result is not null

and GlucoseTest.result ≥600<sup>2</sup> ~~≥1000~~<sup>1</sup> 'mg/dL'

and GlucoseTestTime during Interval[( start of HospitalPeriod - 1 hour ), ( start of HospitalPeriod + 6 hours )]

and GlucoseTestTime before end of InpatientHospitalization.relevantPeriod

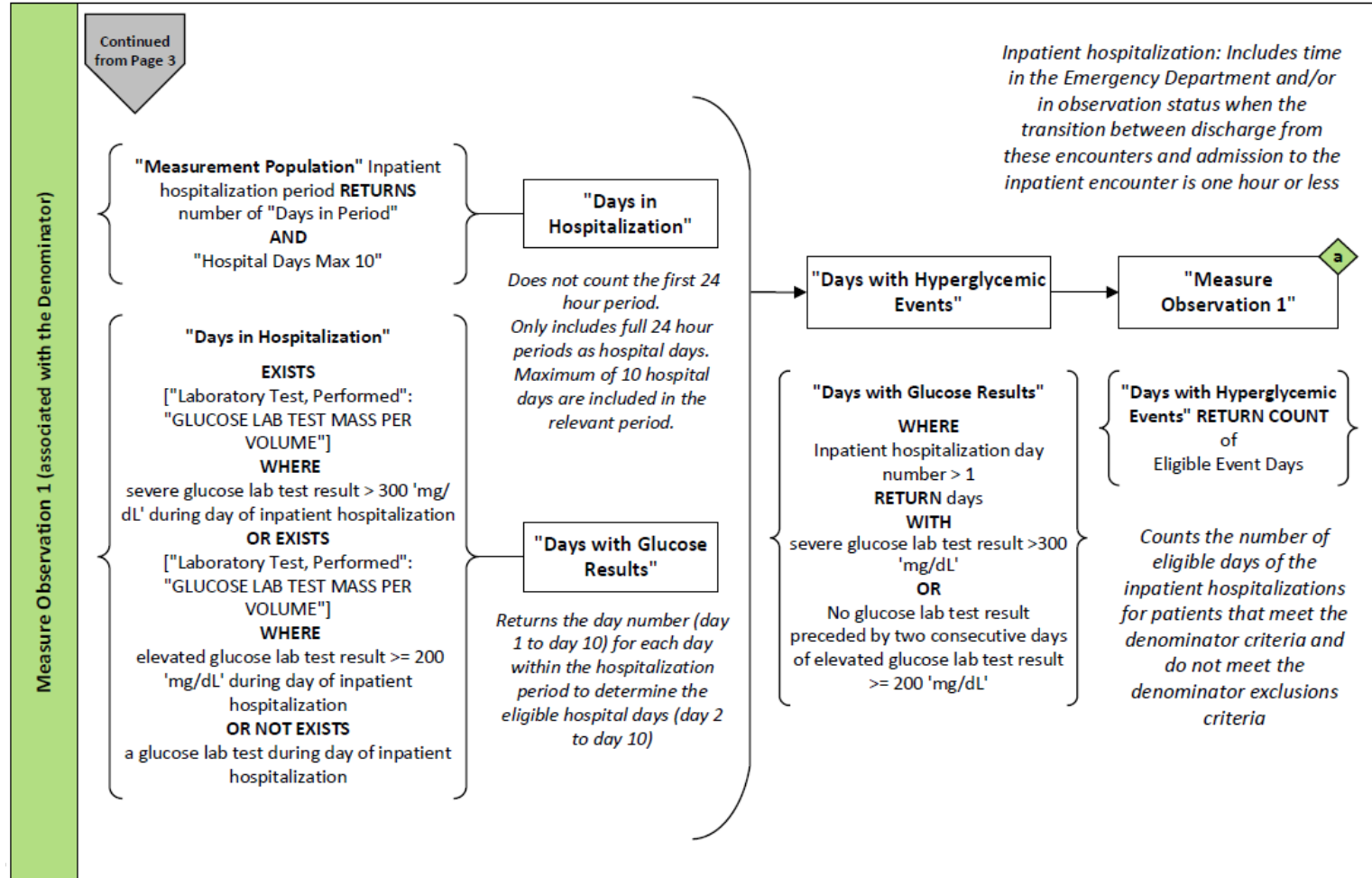
return InpatientHospitalization

Notes:

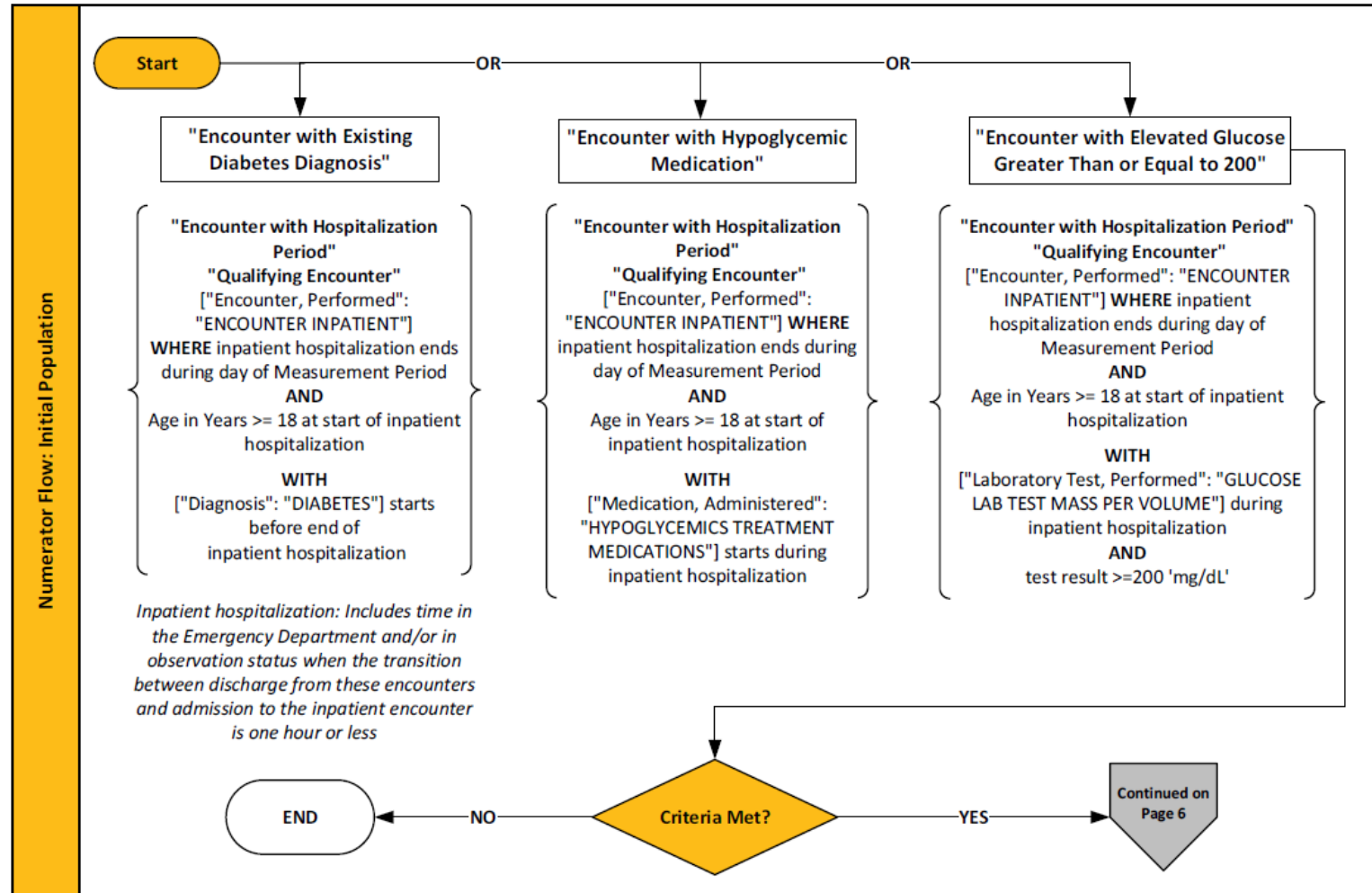
<sup>1</sup> Indicates text that contains strikethrough

<sup>2</sup> Indicates underlined text

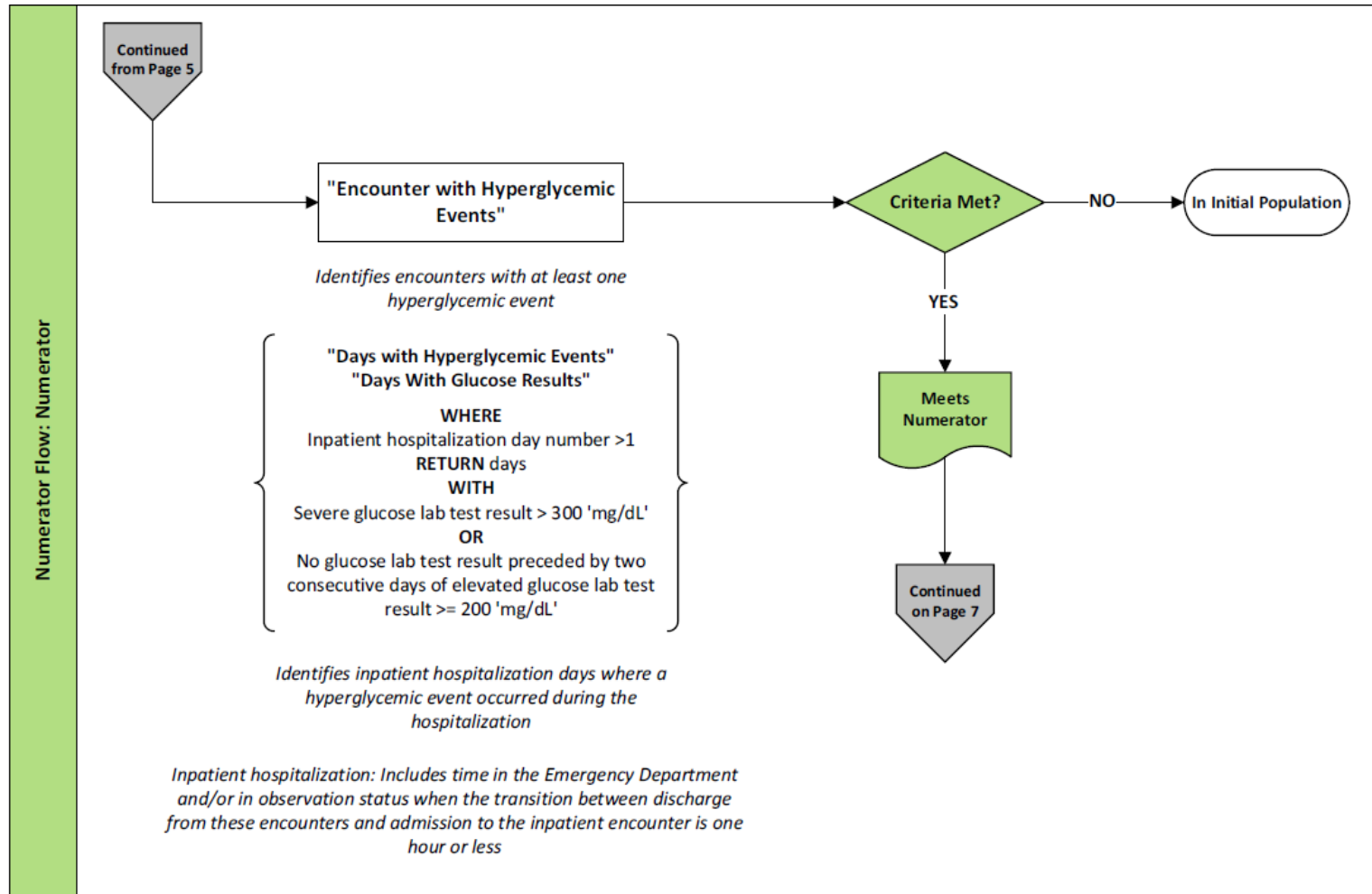
# HH-Hyper Measure Observation 1



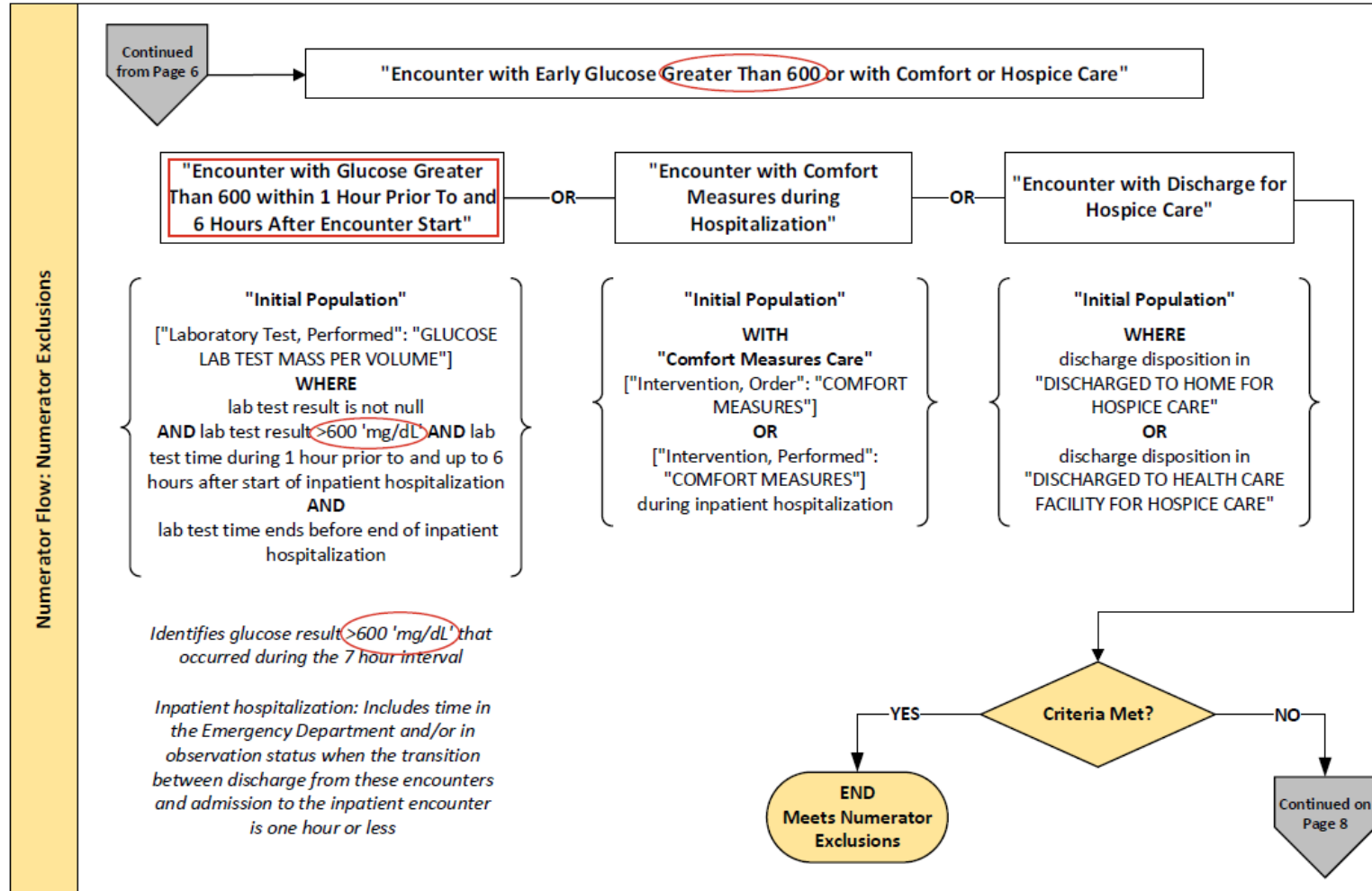
# HH-Hyper Initial Population (2/2)



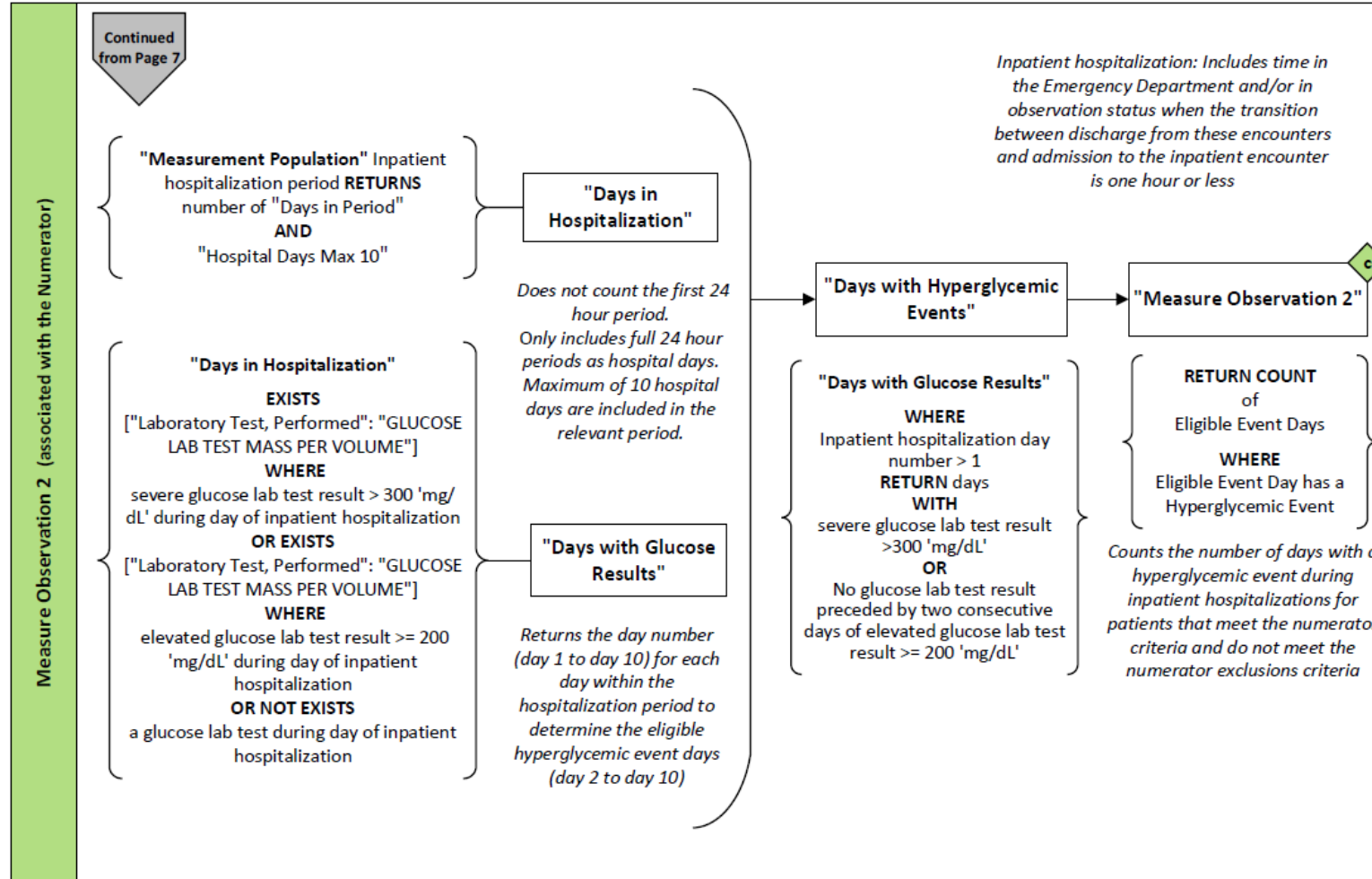
# HH-Hyper Numerator



# ★ HH-Hyper Numerator Exclusions



# HH-Hyper Measure Observation 2



# HH-Hyper Sample Calculation

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Sample Calculation		
Ratio =	$\frac{\text{Measure Observations 2 (c = 100)}}{\text{Measure Observations 1 (a = 550)}}$	= 0.182

# HH-Hyper Frequently Asked Questions (FAQ) (1)



## **Question:**

Can you explain the first 24 hours of the encounter that's excluded in the measure?

## **Answer:**

For the CMS871: Hospital Harm - Severe Hyperglycemia measure, hospital days are not defined as midnight-to-midnight. Rather, they are 24-hour periods that start at the beginning of the inpatient hospitalization period. Glucose results from the first 24 hours of the hospitalization are excluded to not penalize a hospital for poor glucose control that preceded the start of hospital care.



# HH-Hyper FAQ (2)

## Question:

Does this measure assess time spent in the emergency department?

## Answer:

The inpatient hospitalization period assessed by these measures includes time in the emergency department and/or observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less, regardless of how much time the patient spends in the emergency department encounter and/or observation status.



# HH-Hyper FAQ (3)

## Question:

For glucose times, does the measure use the result time or time of specimen collection?

## Answer:

The measure uses the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element, which relies on the timing of the laboratory test or specimen collection, *not* the timing of the results. The *relevant dateTime* attribute used with this data element references the time the laboratory test or specimen collection is performed when the laboratory test occurs at a single point in time. The *relevantPeriod* attribute used with this data element references a start and stop time for a laboratory test or specimen collection that occurs over a time interval.

For more information on the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element, please visit the eCQI Resource Center's Data Element Repository:

<https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/laboratorytestperformedglucoselabtestmasspervolume.html>



# HH-Hyper FAQ (4)

## Question:

What types of glucose tests count for this measure?

## Answer:

For this measure, the specimen source for the glucose test is blood, serum, plasma, or interstitial fluid and can be obtained by a laboratory test, a point-of-care (POC) test, or a continuous glucose monitor (CGM). This includes results obtained from a glucometer.

The measure uses the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element. For more information on the types of glucose test results and specimen sources that are considered by the measure, users may review the LOINC codes included in the “Glucose Lab Test Mass Per Volume” value set (OID: 2.16.840.1.113762.1.4.1248.34) on the Value Set Authority Center (VSAC).



# HH-Hyper FAQ (5)

## Question:

What is the difference between what the numerator and denominator return and what the measure observations return?

## Answer:

As this is a ratio measure, the measure includes two measure observations that assess the inpatient hospitalizations identified through the numerator and denominator criteria to return the inpatient hospital days that are ultimately used in the measure calculation.

To calculate the ratio of inpatient hospital days, the denominator and numerator first identify the inpatient hospitalizations to be assessed by the measure. Measure observation 1, associated with the denominator, returns the total number of eligible hospital days of inpatient hospitalizations that meet the denominator criteria and do not meet the denominator exclusion criteria. Measure observation 2, associated with the numerator, returns the total number of hyperglycemic event days during inpatient hospitalizations that meet the numerator criteria and do not meet the numerator exclusion criteria. The two measure observations are then used to calculate the ratio of the number of inpatient hospital days with a hyperglycemic event over the total number of eligible inpatient hospital days ( $\leq 10$  days) for that encounter.

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# Hospital Harm – Severe Hypoglycemia (HH-Hypo) (CMS816v5)

# HH-Hypo – Background

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**Measure Description:** The measure assesses the number of inpatient hospitalizations for patients aged 18 and older who were administered at least one hypoglycemic medication during the encounter and who suffer the harm of a severe hypoglycemic event during the encounter

**Rationale and Intent:**

- Inpatient hypoglycemic events are one of the most common adverse drug events
- Rates of inpatient events indicate quality of care
- Severe hypoglycemia is preventable by careful use of antihyperglycemic medications

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# Hospital Harm – Severe Hypoglycemia (HH-Hypo) Measure Header

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# 2025 vs 2026 Reporting Period (1)

Measure Components	2025 Reporting Year	2026 Reporting Year
Description	The measure assesses the number of inpatient hospitalizations for patients age 18 and older who were administered at least one hypoglycemic medication during the encounter and who suffer the harm of a severe hypoglycemic event during the encounter	No change
Initial Population	Inpatient hospitalizations that end during the measurement period for patients age 18 and older and at least one hypoglycemic medication administration starts during the encounter	No change
Denominator	Equals Initial Population	No change

# 2025 vs 2026 Reporting Year (2)

Measure Components	2025 Reporting Year	2026 Reporting Year
Numerator	<p>Inpatient hospitalizations where a severe hypoglycemic event occurred during the encounter. A severe hypoglycemic event is:</p> <ul style="list-style-type: none"> <li>- A glucose test with a result less than 40 mg/dL</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- A hypoglycemic medication was administered within 24 hours before the start of the severe hypoglycemic event (i.e., the glucose test with a result less than 40 mg/dL)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- There was no subsequent repeat test for glucose with a result greater than 80 mg/dL within five minutes or less from the start of the initial glucose test with a result less than 40 mg/dL</li> </ul> <p>Only one qualifying severe hypoglycemic event is counted in the numerator, and only one severe hypoglycemic event is counted per encounter.</p> <p>The 24-hour and 5-minute timeframes are based on the time the glucose was drawn, as this reflects the time the patient was experiencing that specific glucose level.</p>	No change

# HH-Hypo – Resources

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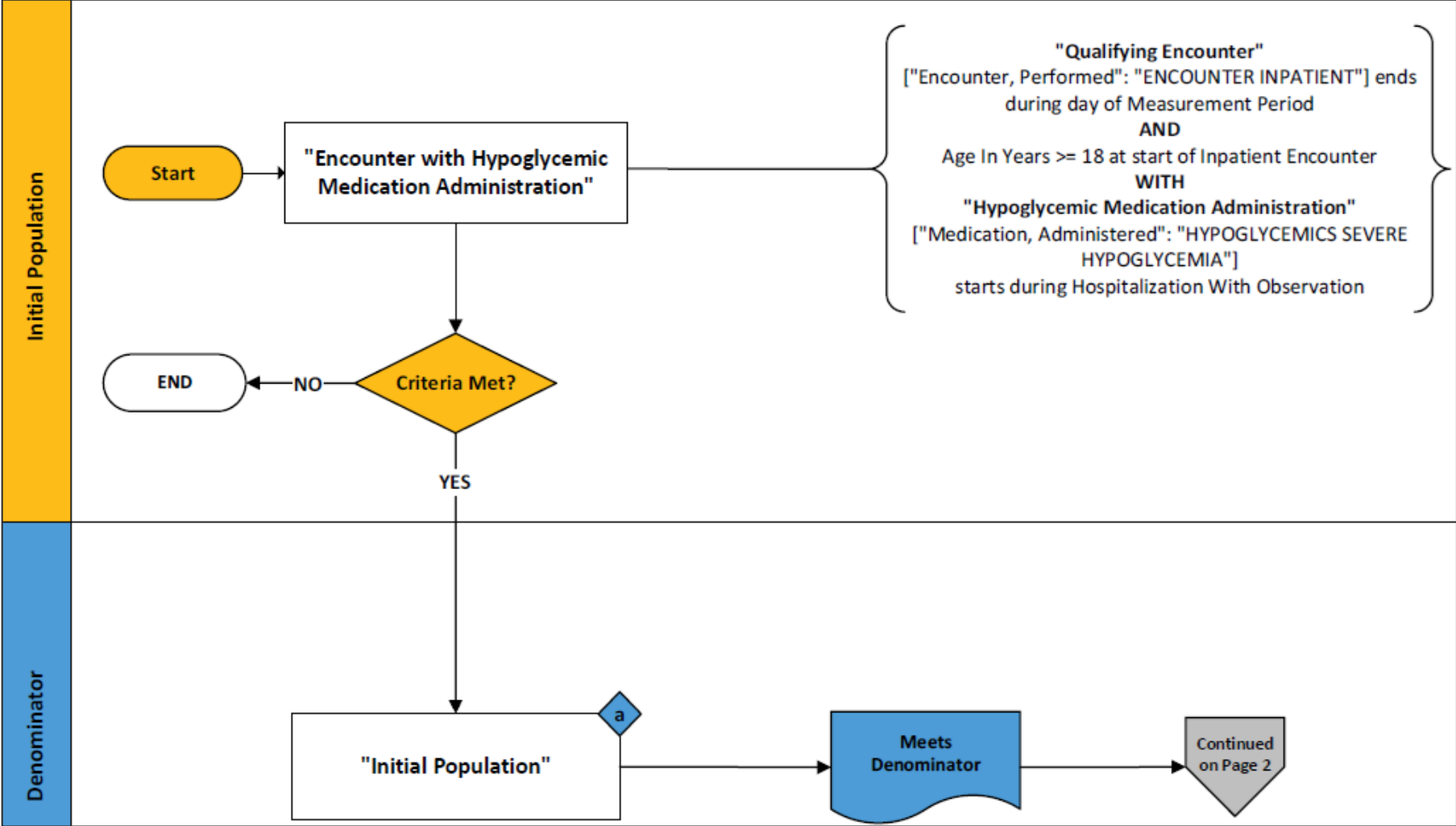
- CMS816v5 Measure Specification
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- Technical Release Notes
  - <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS816-v5.1.000-TRN.xlsx>

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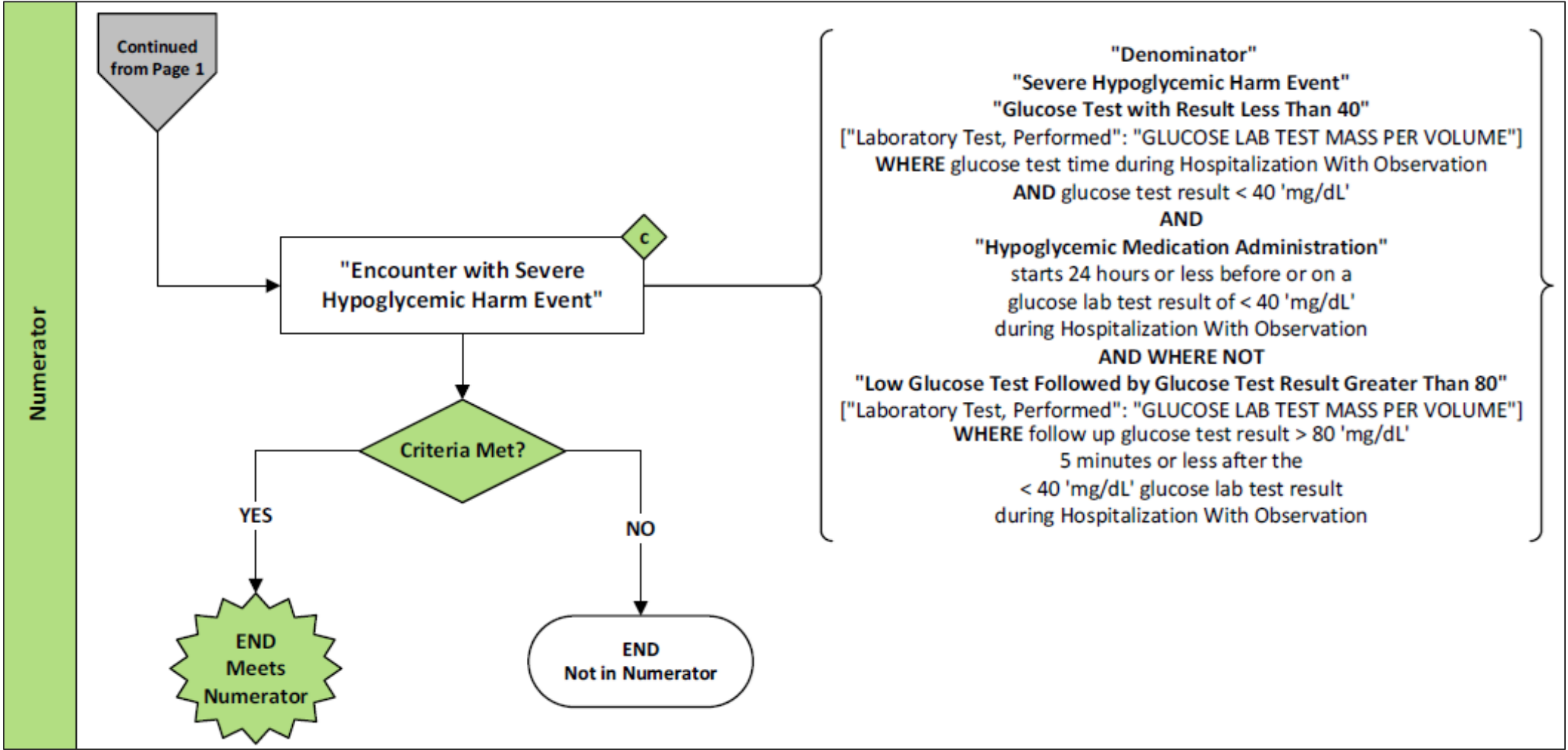
# Hospital Harm – Severe Hypoglycemia (HH-Hypo) Measure Flow & Logic

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# HH-Hypo Initial Population/Denominator



# HH-Hypo Numerator



# HH-Hypo Sample Calculation

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Sample Calculation		
Performance Rate =	$\frac{\text{Numerator (c = 20)}}{\text{Denominator (a = 80)}}$	= 25%

# HH-Hypo Frequently Asked Question (FAQ)



## Question:

For the numerator criteria, is a subsequent repeat glucose test required to be performed within five minutes from the start of the glucose test with a result of less than 40 mg/dL?

## Answer:

There is no requirement within the measure for repeat testing following the initial glucose test result less than 40 mg/dL. Per the definition included in the measure specification, the purpose of the repeat test within five minutes is to eliminate false positives that can occur with POC testing. However, the measure allows for an encounter to be removed from the numerator if a repeat test within five minutes indicates that the blood glucose is above 80 mg/dL.

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# Resources

## **eCQI Resource Center – CMS EH Measures -**

[https://ecqi.healthit.gov/eh-cah/ecqms?global\\_measure\\_group=eCQMs](https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=eCQMs)

## **Get Started with eCQMs -**

[https://ecqi.healthit.gov/ecqms?qt-tabs\\_ecqm=education](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](https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov)

## **What is a Value Set? -**

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



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# Additional Resources

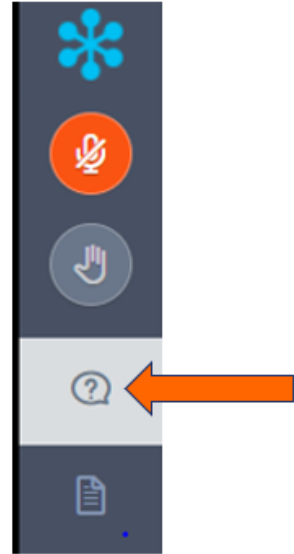
## Value Set Authority Center (VSAC) Support -

<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:  
[tjcwebinarnotifications@jointcommission.org](mailto:tjcwebinarnotifications@jointcommission.org)

## 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.



## Access survey via QR code

Use your mobile device to scan the QR code on the next slide. You can pause the presentation.



## Access survey via link in email

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.



## Obtain Certificate

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Survey



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# Acronyms

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