Questions and Answers – Expert to Expert Webinar Annual Updates for Hospital Harm – Hyper and Hypo Glycemia eCQMs for 2026 Reporting Year

Broadcast April 2, 2026

Question Asked	Answer Given
Where could we find CMS TJC supported information and/or education on Glycemic Management Control during inpatient hospitalization?	Please reference the clinical guidelines from the American Diabetes Association and the Endocrine Society, cited in the Clinical Recommendation Statement section of each measure, for more information on best clinical care practices to prevent the occurrence of hypoglycemic and hyperglycemic events.
If a lab value less than 40 for hypoglycemia is reported at 1230, but was drawn at 1200, what time would we start looking for a repeat test? It wouldn't make sense to use the draw time, because we wouldn't know that the value was <40.	The Hospital Harm - Severe Hypoglycemia (HH-Hypo) eCQM does not count a severe hypoglycemic event in the numerator if there is a repeat test for glucose with a result greater than 80 mg/dL within five minutes in order to eliminate false positives that can occur with point-of-care testing. This measure uses the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element with the *relevant dateTime and relevantPeriod* attributes, which rely on the timing of the laboratory test as the earliest glucose test time that has a result < 40 mg/dL. In the example provided, if the laboratory test with value less than 40 mg/dL was collected at 12:00, then the subsequent repeat test with a result greater than 80 mg/dL must be collected within five minutes (between 12:00 and 12:05) to not be included in the numerator. 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. The time that the result report is available (*resultDateTime*) is a separate attribute than the time of the lab test. More information on the "Laboratory Test, Performed" QDM datatype can be found on the eCQI Resource Center's Data Element Repository: https://ecqi.healthit.gov/mcw/2026/qdm-dataelement/laboratorytestperformed.html.

Question Asked	Answer Given
For HH-01 & 02, is the logic "Laboratory Test, Performed" referring to the result time of the blood glucose or the collection time?	When evaluating glucose results, both Hospital Harm - Severe Hyperglycemia (HH-Hyper) and HH-Hypo eCQMs use the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element with the *relevant dateTime and relevantPeriod* attributes, which rely 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.
Hypoglycemic Measure: the 5 minutes of >80mg/dL within 5 minutes of <40 mg/dL - is that 5 minutes from the result of the <40mg/dL instead of the specimen collection?	The Definition section of the HH-Hypo measure specification clarifies that the purpose of the repeat test within five minutes is to eliminate false positives that can occur with point-of-care testing. There is no requirement within the measure for repeat testing following a low value. However, the measure allows for an episode to be removed from the numerator if a repeat test within five minutes indicates that the blood glucose is above 80 mg/dL. When evaluating glucose results, the HH-Hypo measure uses the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element with the *relevant dateTime and relevantPeriod* attributes, which rely on the timing of the laboratory test or specimen collection, not the timing of the results.

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The start and stop time- what if there is a delay on the result and when it was drawn? That will count against us?	The HH-Hyper and HH-Hypo eCQMs do not evaluate the time lapsed between the performance of a glucose test and the availability of results, so hospitals will not be penalized if there is a delay in the availability of test results. When evaluating glucose results, both HH-Hyper and HH-Hypo measures use the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element with the *relevant dateTime and relevantPeriod* attributes, which rely 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.
Does the 'transition time' between ED, OBS and inpatient admission mean (for example) that if the ED end time is 10:00, the start of OBS is 10:00 and the end OBS time is 18:00 and the start of Inpatient Admission time is 18:00 does this mean the start of the encounter will be the time of ED arrival?	Yes. If there are no gaps between end and start times for the emergency department (ED), observation, and inpatient encounters, the inpatient hospitalization period would begin at the ED encounter start time.

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Re: 1 hour transition from ED to OBS or IP. Patient arrives at 0800 in the ED on 1/1/26 and is there status changes to OBS at 1100 and they arrive to floor at 1300 and are admitted as an IP at 1600 on 1/1/26. Do we use the arrival time of 0800 to include in the first 24 hours since the patient was not discharged but their status changed?	The inpatient hospitalization period assessed by these eCQMs includes time in the ED and/or observation status when the transition between discharge from the ED or observation encounter and admission to the inpatient encounter is one hour or less. We cannot identify a hospitalization start time based on the information provided. This scenario does not provide a discharge time from the observation encounter to confirm that it occurs one hour or less prior to admission to the inpatient encounter. However, if the patient was in observation status at the time of arrival to an inpatient unit at 13:00 and remained in observation status until admission to inpatient care at 16:00, the inpatient hospitalization start time would begin at the ED arrival time, or 08:00 on 1/1/2026.
Please clarify for the severe hypoglycemia measure, what time frame in the ED counts towards this measure prior to inpatient status.	For the HH-Hypo eCQM, the inpatient hospitalization period assessed includes time in the ED and observation status 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 ED encounter and/or observation status.
On page 45, shouldn't the diamond with the c be located following the Criteria = Yes branch? In its current location it appears to include cases that do not meet criteria. Thanks.	Hospital Inpatient Quality Reporting (IQR) Program measure flows represent the population criteria with lowercase letters. The letter "c" represents the numerator, in this case, next to the CQL numerator definition - "Encounter with Severe Hypoglycemia Harm Event,". If conditions for this definition are met, the case is included in the HH-Hypo numerator. If conditions for this definition are not met, the case is not included in the numerator. For more information on eCQM measure flows please reference the “Read Me First” guide at: https://ecqi.healthit.gov/sites/default/files/Read-Me-First-Guide-Hospital-Inpatient-Outpatient-Flows.pdf.

Question Asked	Answer Given
For HH Hypoglycemia: To clarify, a patient would have a qualifying event if a patient were administered a dose of insulin in the ED and subsequently has a hypoglycemic episode 20 hours later in the inpatient setting, correct?	First, the time in the ED would count as part of the inpatient hospitalization period assessed by the HH-Hypo eCQM if the transition between the ED and/or observation status and the inpatient encounter are within one hour or less of each other. Further, to qualify as a severe hypoglycemic event, the dose of insulin the patient received must correspond to an RxNorm code found in the 'Hypoglycemics Severe Hypoglycemia' value set (OID: 2.16.840.1.113762.1.4.1196.393). Finally, there cannot be a repeat glucose test with result greater than 80 mg/dL within 5 minutes or less from the earliest glucose test that had a result less than 40 mg/dL; this is to rule out false positives that can take place in point-of-care testing.
So, there are no changes to HH-Hypo?	There are no changes to either the header or logic sections associated with the HH-Hypo eCQM reporting criteria (i.e., initial population, denominator, and numerator) for the 2026 reporting period. However, there are minor changes, as documented in the Technical Release Notes, such as changes to the copyright, improvement notation, and guidance fields (among others). Please reference the technical release notes available on the eCQI Resource Center for more information at https://ecqi.healthit.gov/ecqm/hosp-inpt/2026/cms0816v5?qt-tabs_measure=release-notes.
For HH-hypo: our policy states that blood glucose to be repeated after 15 mins if they are <60, is it prudent to have this changed to be repeated after 5 mins instead to meet these measure requirements?	Per the definition included in the HH-Hypo measure specification, the purpose of the repeat test within five minutes is to eliminate false positives that can occur with point-of-care testing. There is no requirement within the measure for repeat testing following a low value. However, the measure allows for an episode to be removed from the numerator if a repeat test within five minutes indicates that the blood glucose is above 80 mg/dL. We cannot comment on your hospital's policy or suggest changes to current hospital policy.
For hypoglycemia, is it the expectation then to treat hypoglycemic episode w/in the 5 mins period to improve the glucose > 80 mg /dl	The Definition section of the HH-Hypo measure specification clarifies that the purpose of the repeat test within five minutes is to eliminate false positives that can occur with point-of-care testing. There is no requirement within the measure for repeat testing or treatment following a low glucose value.

Question Asked	Answer Given
Can you please clarify "a day with no glucose result preceded by two consecutive days with a result of >= 200 mg/dL each day. " = does that mean we will need 2 days of having >200 mg/dL both days to qualify for numerator if the 3rd day has no glucose testing?	For the HH-Hyper eCQM, a hyperglycemic event day is a day with a glucose test result of > 300 mg/dL *or* a day where no glucose test and result is found, but the day is preceded by two consecutive days where there was at least one glucose test with a result of >= 200 mg/dL during each of those days. For example, if there was no glucose test and result found for a patient on April 6, but the patient had a blood glucose result of 250 mg/dL on April 5 and a blood glucose result of 204 mg/dL on April 4, then April 6 would be considered a hyperglycemic event day.
How does it count if a patient comes from a different hospital ED?	If a patient spends time in the ED in a hospital (hospital A) but is transferred to another hospital (hospital B) and is admitted directly (no ED care at hospital B) to inpatient care at hospital B, then only the time spent in inpatient care at hospital B should be included in the inpatient hospitalization period assessed by both the HH-Hyper and HH-Hypo measures. If the patient is transferred to hospital B's ED, then the inpatient hospitalization period would begin at the start of the hospital B ED encounter, assuming the patient is admitted to inpatient care at hospital B one hour or less after their hospital B ED encounter ends.
What happens if your hospital's average LOS is 2 days or less?	Neither the HH-Hyper eCQM nor HH-Hypo eCQM has exclusion criteria for inpatient hospitalizations that are two days or less. Therefore, these hospitalizations may meet the measures' population criteria.
Are there any considerations/exclusions for "hyperglycemia" >=200 (<250) for patients of advanced age in the critical care setting?	The HH-Hyper eCQM has three exclusion criteria: Inpatient hospitalizations (1) for patients with a glucose result of >600 mg/dL anytime between 1 hour prior to the start of the hospitalization to 6 hours after the start of the hospitalization, (2) for patients who have comfort care measures ordered or provided during the hospitalization, and (3) for patients who have a discharge disposition to hospice care at home or in a health care facility. If a patient of advanced age in a critical care setting meets any of these criteria, then the inpatient hospitalization for this patient would be excluded from the measure calculation.

Question Asked	Answer Given
What is the goal for the ratio? What is considered an ideal ratio?	Ratio measures, such as HH-Hyper, are used to compare two distinct but related sets of data. Unlike proportion measures where the numerator is a subset of the denominator, ratio measures use different but related counts to show how often an event occurs in relation to another. This distinction makes ratio measures ideal for assessing the quality of care in ways that cannot be captured by a simple proportion. There is currently no national average available for the HH-Hyper eCQM.
If the Denominator is the same as the IPP why the point of starting with the IPP rather than the denominator for the numerator?	Because it is possible for a ratio measure, like HH-Hyper, to have different denominator exclusions and numerator exclusions criteria, the initial population is used as the basis for both the denominator and numerator in ratio measures.
Is the first full 24-hour day after the initial 24hours of admission the starting point at which the 10 days are counted for the measure observation 1 (denominator)?	The "Days in Hospitalization" logic within the HH-Hyper measure observation 1 (associated with the denominator) and measure observation 2 (associated with the numerator), in conjunction with other logic, returns the day number (e.g., day 1 to day 10) for each day within the hospitalization period to determine the eligible hospital days and eligible hyperglycemic event days, respectively (e.g., from day 2 to day 10). Because the HH-Hyper eCQM excludes hyperglycemic events occurring in the first 24 hours of hospitalization, day 1 is not an eligible hospital day for either measure observation. Therefore, eligible days begin on day 2. However, when evaluating days with no glucose tests and results, day 1 may be used as a preceding day to assess whether a qualifying glucose value >=200 mg/dL occurred, even though day 1 itself is not eligible as an eligible hospital day or hyperglycemic event day.

Question Asked	Answer Given
Could you please confirm whether the HH-Hyper ratio measure is calculated as Observation 2 divided by Observation 1? Isn't it different from other eCQMs, which use (numerator − numerator exclusions) divided by (initial population − denominator exclusions)?	To calculate the ratio of inpatient hospital days for the HH-Hyper eCQM, the denominator and numerator both pull from the initial population to 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 returns of both measure observations are truncated to 10 days when the length of stay of a hospitalization exceeds 10 days. This measure's score is the ratio of the measure observation 2 returns divided by the measure observation 1 returns.
DOES THIS USE CALENDAR DAY OR 24 HR?	The HH-Hyper eCQM does not use calendar days; it uses 24-hour periods that start at the beginning of the inpatient hospitalization period, including time in the ED and observation status when the transition from the end of an ED encounter or observation status to the start of an inpatient encounter is one hour or less.
Does the "last 24 hrs. period before discharge" begin at the prior midnight, or is it based on the hour of admission/arrival to ED?	For the HH-Hyper eCQM, this period is based on 24-hour periods that start at the beginning of the inpatient hospitalization period, including time in the ED and observation status, as appropriate.
Is the last day of admission counted if it is less than 24 hours?	For the HH-Hyper measure, hospital days are not defined as midnight-to-midnight but are full 24-hour periods that start at the beginning of the inpatient hospitalization period (including time in the ED and/or observation if the transition time to the inpatient setting is one hour or less), excluding the last period before discharge from hospital inpatient if it is less than 24 hours.

Question Asked	Answer Given
Follow up to historical diabetes diagnosis - I understand the measure includes both diabetic and non-diabetic patients, but for patients who have a remote diagnosis of diabetes, have no hypoglycemic medications administered, AND are not hyperglycemic - there should be a cut off of how long ago the diagnosis was on their medical record, because including these patients falsely inflates the denominator days and dilutes/prevents performance improvement efforts by obscuring the true overall metric.	The HH-Hyper eCQM relies on the accurate recording of codes and diagnoses in the patients' electronic health record (EHR), which is essential for the correct calculation of all eCQMs.
For the Hospital Harm-Severe Hyperglycemia measure, there is no exclusion for patients that sporadically refuse glucose testing and/or insulin. Is that correct? We have had some patients who refused glucose testing and had outside food brought in. This led to elevated blood glucose levels. Since patients have a right to refuse care but end up with glucose >300, it will look as though the hospital is not managing glucose when in reality, the patient won't let us.	Currently, patient refusal is not an exclusion for the HH-Hyper eCQM.
Is there any exclusions for people who "doordash" their own food to the hospital?	There are no exclusion criteria in either eCQM for patients who consume food not provided by the hospital while in the hospital.
Are the effects of steroids and the impact on blood sugar factored in?	The HH-Hyper eCQM does not have any exclusion criteria for inpatient hospitalizations for patients who are administered steroids, nor is the measure risk adjusted. However, the measure developer may consider updates to the measure's exclusions criteria during a future annual update cycle.

Question Asked	Answer Given
Patients admitted for detox often present with poorly managed glucose and then when admitted, as they are medically detoxed, crave high sugar liquids and food. Are there any additional exemptions being considered for like populations?	There are currently no exception criteria for patients who are admitted for detoxification for the HH-Hyper and HH-Hypo eCQMs. In a future annual update cycle, we may consider how to evaluate these patients in the glycemia measures.
Hyperkalemia treatment includes both insulin and dextrose; if this treatment results in hypoglycemia without any regard to diabetes, should this population be excluded? Can CMS consider this treatment and provide guidance with this population on how to avoid hypoglycemia?	The HH-Hypo eCQM does not include denominator exclusions based on treatment. Insulin-associated severe hypoglycemia events, including those that result from hyperkalemia treatment, are counted in the measure. Although CMS cannot provide specific guidance, literature indicates that vigilant glucose surveillance is essential during and after insulin use for hyperkalemia. Clinical decisions should be individualized based on patient factors like renal function and baseline glucose.
Does "glucose lab test result" = venous and/or Point of Care glucose results?	For both eCQMs, 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 test, or a continuous glucose monitor. This includes results obtained from a glucometer. Glucose test results from urine specimens are not considered. Both measures use 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 measures, 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) at https://vsac.nlm.nih.gov/.
For Comfort Care Exclusion - does it require an order for Comfort Measure?	The HH-Hyper eCQM excludes from the measure calculation inpatient hospitalizations for patients who have comfort care measures ordered or provided during the hospitalization.

Question Asked	Answer Given
IS this start of IP or observation encounter when patients are first observation and then change to IP? referring to the hyperglycemic measure exclusion >600	The inpatient hospitalization period assessed by the HH-Hyper eCQM includes time in the ED and/or observation status when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. This measure excludes inpatient hospitalizations for patients with a glucose result of >600 mg/dL anytime between 1 hour prior to the start of the hospitalization to 6 hours after the start of the hospitalization. If a patient spends time in the ED and/or observation status that immediately precedes the inpatient encounter, then the anchor for the 7-hour window used for the exclusion criterion would be the start time of either the ED or observation encounter (whichever is first).
For denominator exclusion glucose equal to 600mg/dl will not be counted?	Correct, for the HH-Hyper eCQM, the denominator exclusion criterion is for inpatient hospitalizations for patients with a glucose result of greater than 600 mg/dL anytime between 1 hour prior to the start of the hospitalization to 6 hours after the start of the hospitalization. A result of 600 mg/dL exactly would not qualify.
For >600 exclusion for hyperglycemia does this mean that after 7 hours of admission will they be counted in the denominator?	Correct, for the HH-Hyper eCQM, the denominator and numerator exclusion criteria for glucose results >600 mg/dL are for glucose tests collected between 1 hour prior to the start of the hospitalization to 6 hours after the start of the hospitalization.
Are patients on a GLP-1 for weight loss and do not have a diagnosis of diabetes included in the hyperglycemia measure?	Inpatient hospitalizations for non-diabetic patients would qualify for the HH-Hyper initial population if they are administered at least one dose of hypoglycemic medication or have at least one glucose value >=200 mg/dL during the hospitalization. Certain glucagon-like peptide-1 (GLP-1) receptor agonists are qualifying hypoglycemic medications. The list of qualifying hypoglycemic medications evaluated as part of the measure's initial population criteria are included in the "Hypoglycemics Treatment Medications" value set (OID: 2.16.840.1.113762.1.4.1196.394).

Question Asked	Answer Given
Where can we find the list of medications that the measures consider as qualifying hypoglycemic medications?	Value sets within the Terminology section of the HH-Hyper and HH-Hypo measure specifications list the medications to be used in the measures. The HH-Hyper eCQM uses the "Hypoglycemics Treatment Medications" value set (2.16.840.1.113762.1.4.1196.394). The HH-Hypo eCQM uses the "Hypoglycemics Severe Hypoglycemia" value set (2.16.840.1.113762.1.4.1196.393). Codes used in the values sets can be found on the VSAC at vsac.nlm.nih.gov.
For Obstetric Patients with gestational diabetes, are they included in the population?	Yes, inpatient hospitalizations for obstetrics patients with gestational diabetes may meet the HH-Hyper initial population criteria, as there are no exclusions for inpatient hospitalizations for obstetrics patients.
Is this hyper or hypo because the title says hyper initial population and the middle definition says hypo	The initial population of the HH-Hyper eCQM includes inpatient hospitalizations for patients who are administered at least one dose of insulin or **any hypoglycemic medication** from the "Hypoglycemics Treatment Medications" value set (OID: 2.16.840.1.113762.1.4.1196.394) that starts during the hospitalization.
There is not currently a benchmark for either measure. We do not know when benchmark data will be published.	There is not currently a benchmark for either eCQM.
Is there a difference in the benchmark calculation methodology for HH-Hyper and HH-Hypo?	There is not currently a benchmark for either eCQM. HH-Hyper is a ratio measure, and HH-Hypo is a proportion measure that use different population criteria and have different calculation methods.
So Hyper is a Ratio Measure and Hypo is a Proportional Measure?	Yes, this is correct. HH-Hyper is a ratio measure, and HH-Hypo is a proportion measure.
For HH-Hyper, is the CMS available dataset score reported as a ratio only or as a percentage for previous year reporting?	The HH-Hyper measure calculation is a ratio. The Provider Data Catalog currently reports the ratio as a percentage (https://data.cms.gov/provider-data/).
How come on the Hospital Compare Preview Reports show HH-Hyper with a national rate of 7% if there is no CMS national average or benchmark?	There is no national average available for HH-Hyper. The value provided for the preview reports is for informational purposes only. It is based on hospitals that voluntarily reported the measure, which may not accurately represent the national rate. When the measure becomes mandatory, we will be able to calculate a usable benchmark based on a more complete data set.

Question Asked	Answer Given
Is this a requirement for CAH hospitals	In the FY 2025 IPPS rule, CMS finalized the HH-Hyper and HH-Hypo eCQMs for mandatory reporting under the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals beginning with the current calendar year (CY) 2026 reporting period.
Are the reporting due dates available for this measure? Are you required to report 2025 data or does this begin with 2026 data?	Both eCQMs (HH-Hyper and HH-Hypo) have been available for voluntary reporting beginning with the CY 2023 reporting period. Mandatory reporting for both measures begins with the CY 2026 reporting period. More information on reporting these measures can be found on Quality Net: https://qualitynet.cms.gov/inpatient/iqr/participation.
How do these measures define glycemic control?	These measures do not aim to measure overall glycemic control in hospitalized patients. These measures intend to capture only severe glycemic events, which have adverse reactions with consequences for patient health (e.g., increased in-hospital mortality, infection rates, and hospital length of stay). For the HH-Hyper eCQM, a day with a severe hyperglycemic event is a day with at least one glucose value >300 mg/dL, or a day with no glucose result preceded by two consecutive days with a result of >= 200 mg/dL each day. For the HH-Hypo eCQM, a severe hypoglycemic event is a glucose value < 40 mg/dL where a hypoglycemic medication was administered within 24 hours prior and no subsequent repeat test with a result > 80 mg/dL is performed within 5 minutes.
Are HH-Hypo and HH-Hyper considered as ONE measure, or are they evaluated separately?	The HH-Hyper eCQM and HH-Hypo eCQM are two separate eCQMs and are reported separately.
Are there any exclusions for these measures?	The HH-Hyper eCQM has three exclusion criteria: Inpatient hospitalizations (1) for patients with a glucose result of >600 mg/dL anytime between 1 hour prior to the start of the hospitalization to 6 hours after the start of the hospitalization, (2) for patients who have comfort care measures ordered or provided during the hospitalization, and (3) for patients who have a discharge disposition to hospice care at home or in a health care facility. The HH-Hypo eCQM does not have any exclusion criteria.

Question Asked	Answer Given
Are these measures only for patients with diabetes?	No, inpatient hospitalizations for patients without diabetes can qualify for both measures' initial populations and denominator populations provided other measure criteria are met.
could you please confirm output is not included in the ED/observation transition rule? we have patients that transition from OP to IP and we wonder if time in OP would be included	If a patient did not spend time in the ED or in observation status prior to their inpatient encounter, then the inpatient hospitalization period assessed by the HH-Hyper and HH-Hypo eCQMs begins at the time of inpatient admission. The inpatient hospitalization period assessed by this measure does not include time in other outpatient settings.
So, the measure doesn't apply after day 10?	The HH-Hyper eCQM evaluates the first 10 days of an eligible inpatient hospitalization in determining eligible days for the measure observations. The length of stay is truncated to 10 days when the length exceeds 10 days, as patients admitted for longer length of stays are more likely to have more complex medical conditions.
How is ASTP/ONC tracking system different from JIRA?	The ONC Project Tracking system is the more formal name for JIRA. The eCQM Issue Tracker can be found at https://oncprojectracking.healthit.gov/support/projects/CQM/summary.