Expert to Expert Webinar: New Measure Review – Acute Kidney Injury for 2025 implementation
Questions and Answers
June 12, 2025

Question	Answer
Why is Patient Characteristic Sex included in the mapping?	"Patient Characteristic Sex" data elements are used within the measure to calculate the estimated glomerular filtration rate (eGFR) value for each sex and to identify sex-specific normal serum creatinine values. Please see the "FemaleeGFR(QualifyingEncounter "Encounter, Performed") and MaleeGFR(QualifyingEncounter "Encounter, Performed") functions for details on how to calculate the eGFR and the "Serum Creatinine Normal" definition for the sex-specific normal serum creatinine values.
Why is sex required (male or female) if eGFR for both sexes will be excluded if it is less than 60?	"Patient Characteristic Sex" data elements are used within the measure to 1) calculate the sex-specific eGFR estimating equation that is used to identify AKI and 2) identify the sex-specific reference ranges for an abnormal serum creatinine value to be flagged as AKI. The exclusion for an eGFR <60 mL/min only applies to the first 48 hours of the hospitalization.
If the sex field is null for the patient record they will not be included in the initial population?	Correct, since patient sex is required for the eGFR calculation and identification of the sex-specific normal serum creatinine value, patients with null values for "Patient Characteristic Sex" will not be included in the Initial Population.
Do the hospital harm eCQMs correlate with the Patient Safety Indicator (PSIs)?	The PSIs are claims-based measures maintained by AHRQ. Though PSIs and hospital harm eCQMs may cover similar clinical topics, they are different measures.
What will be the documentation requirements so that we can ensure we have the fields in our EHR to capture the data?	We suggest working with your EHR vendor and clinical partners to ensure that the eCQM requirements are documented appropriately. The CMS832v2 eCQM specification is posted to the eCQI Resource Center (https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS832v2-v2.html). For more information on data collection and reporting requirements, please reference the 2025 CMS QRDA I Implementation Guide for Hospital Quality Reporting (https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2025-v1.1.pdf), as well as the CQL Style Guide v7 (https://ecqi.healthit.gov/sites/default/files/CQL-Style-Guide-v7-1.pdf)

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Are critical access hospitals exempt from reporting HH-AKI?	Critical access hospitals (CAHs) report through the Medicare Promoting Interoperability Program. CAHs are required to report six eCQMs, three mandatory and three self-selected. This measure is available as a self-selected eCQM. For more information on Promoting Interoperability Program reporting requirements, please visit the CMS Promoting Interoperability website: https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs
The eCQM specifies that AKI is evaluated using serum creatinine to measure kidney function. Are there alternatives to serum creatinine, such as creatinine as measured in the urine, that are acceptable to evaluate serum creatinine levels?	Only serum creatinine levels are acceptable for this measure because serum creatinine levels are both reliable and consistently available in EHRs for diagnosing AKI. Additionally, serum creatinine is commonly used in guidelines to define and monitor AKI.
What benchmarks or targets are set for this metric?	There is not yet a national average for the measure. For this measure, a lower measure score indicates higher quality.
Where can we find the benchmarks for eCQM measures so we know where we stand compared to other hospitals?	There is not yet a national average for this measure. When available, publicly reported data for this measure will be available on the Provider Data Catalog under Hospitals - Timely and Effective Care. For this measure, a lower measure score indicates higher quality.
Are there benchmarks for other eCQM measures if not for this particular one?	Publicly reported eCQM data, including national, state, and hospital estimates when available, are available on the Provider Data Catalog https://data.cms.gov/provider-data/
Can you define the encounter start time? Does this include time in the emergency department (ED) and/or in Observation?	The measure uses the "Hospitalization With Observation" function to determine the start of the inpatient hospitalization. This function includes time spent in ED and observation encounters when the time between discharge from these encounters and subsequent admission to the inpatient encounter is one hour or less.
Is encounter start the time changed to IP status or when they arrive?	The measure uses the "Hospitalization With Observation" function to determine the start of the inpatient hospitalization. This function includes time spent in ED and observation encounters when the time between discharge from these encounters and subsequent admission to the inpatient encounter is one hour or less.

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Is there a specific timeframe (e.g. within 24 hours) that gets pulled into the value? For example, patient was seen in clinic 4-5 hours prior to ED visit and serum creatinine was collected. ED collected later and there was an increase.	The measure includes ED and observation encounters as part of the hospitalization when the time between discharge from these encounters and subsequent admission to the inpatient encounter is one hour or less. Serum creatinine values collected during clinic visits are not considered for the measure.
Hi, can you please define "hospitalization with observation"? Thanks	The "Hospitalization With Observation" function is used to determine the start of the inpatient hospitalization. This function includes ED and observation encounters when discharge from these encounters and admission to the inpatient encounter is one hour or less.
Does this measure count the first 48 hours of admission?	This measure does count the first 48 hours of admission. The first 48 hours can include ED and observation encounters when the time between discharge from these encounters and subsequent admission to the inpatient encounter is one hour or less.
What is considered "significant" increase in creatinine?	The measure is looking for stage 2 or higher AKI, defined as an increase in serum creatinine at least 2 times higher than the lowest serum creatinine value where the increased value is greater than the highest sex-specific normal serum creatinine value.
Will clinician documentation of AKI without the findings of creatine changes and/ or initiation of dialysis pull patients into this measure?	Clinician documentation of AKI is not sufficient to pull patients into the Initial Population nor Numerator of the measure. Documentation of at least one serum creatinine value after 48 hours from the start of hospitalization is required for the Initial Population criteria. Documentation of an increase in a serum creatinine value at least two times higher than the lowest serum creatinine value or kidney dialysis is required for the Numerator criteria.
The presenter just added the words "the first" before 48 hours on slide 19 where it was not printed on the slide. (eGFR value section)	Denominator exclusion language was updated for 2025 to "Inpatient hospitalizations for patients who have less than two serum creatinine results within the first 48 hours of the encounter start."

Question	Answer
Do you consider the baseline creatinine of the Patient in the calculation for AKI?	The measure uses an "index" serum creatinine value, defined as the lowest serum creatinine value within the first 24 hours of encounter start. If there are no serum creatinine values within the first 24 hours, then the index is the first serum creatinine value within the first 48 hours of the encounter start. This serum creatinine value is used to identify and exclude patients with AKI at the start of the encounter. The measure considers the overall lowest creatinine value to assess for the development of a stage 2 acute kidney injury during the inpatient hospitalization.
Aren't there two different tests to test eGFR? Which one does this eCQM use.	The eGFR values are calculated using the CKD-EPI Creatinine Equation, recommended by the National Kidney Foundation. This is a sex-specific, race-neutral formula.
There is no ValueSet OID for Risk Variable All Encounter Diagnoses. Does it mean it doesn't need to be included in QRDA?	A value set is not needed to extract these conditions from the EHR. All encounter diagnoses will be returned from the qualifying encounter and included in the QRDA I file.
Can you clarify Acute Renal Failure for complication of eCQM PC-07? Does it include Stage 1 or a stage 2 and higher. Acute Kidney Injury, (HH-AKI) ECQM is defined as Stage 2 kidney disease, so wanted to get clarification if CMS considers Stage 2 and higher as complication for PC07.	We cannot speak to the requirements for PC-07. Please refer to the measure specifications on the eCQI Resource Center for more information: https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=eCQMs
What is the rationale for excluding patients with eGFR <60 ml from the denominator. This group of patients are usually at higher risk for AKI.	Patients with eGFR <60 ml/min are excluded because they are entering the facility at risk for AKI. The measure does not penalize facilities when patients enter with decreased kidney function, since the goal of this measure is to identify preventable kidney injury.
For facilities that do not have dialysis services, how would this data element get captured? Would it just be "Null" and serum creatinine would be the only numerator-qualifying data element?	Yes. For facilities that do not have dialysis services, the only numerator-qualifying data element would be serum creatinine for evidence of a 2 times increase.
What hospital team do you recommend owning this measure?	We cannot speak to hospital processes. We recommend discussing with your facility.
What year is this measure required for reporting?	2025 is the first year this measure is available for voluntary, self-selected reporting. Reporting will become mandatory in 2028.

Question	Answer
What is measurement period? Is it based on admission year or discharge year? e.g.: If patient is admitted in December 2025 but discharged in January 2026, would they be included in 2025 or 2026?	The measurement period is a full calendar year. For this measure, inpatient hospitalizations must end during the measurement period to be included in reporting period results. If a patient is admitted in December 2025 and discharged in January 2026, they will be included in reporting for calendar year 2026.
What is the sex field? CMS has changed this a number of times. Is it legal sex, sex assigned at birth, sex patient identifies as?	This measure uses the "ONC Administrative Sex" value set (OID: 2.16.840.1.113762.1.4.1) to identify patient sex.
CMS uses sex assigned at birth, but it isn't a field that is required for a patient to fill out resulting in a significant number of these fields being null. This is an optional field in our EHR. In this case do we still use sex assigned at birth? Legal sex is complete on almost all charts.	This measure uses the "ONC Administrative Sex" value set (OID: 2.16.840.1.113762.1.4.1) to identify patient sex.
How are problem lists utilized in determining active diagnosis for both inclusions or exclusions?	Each facility must determine their workflow for documentation of qualifying inclusions/exclusions.
Does "initiation of dialysis" mean that it's new to the patient? what if the patient is already on dialysis, gets admitted and needs dialysis while they are here (assuming they are meeting all of the other criteria as well)?	This measure excludes patients who have kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated 48 hours or less after the hospitalization start. Patients with dialysis initiated more than 48 hours after the start of the hospitalization will qualify for the measure. We will consider an update to take into account patients on routine dialysis in a future annual update.
Most existing hemodialysis patients have a weekly schedule of 3 treatments- M-W-F or Tu-Th-Sat which can have an existing HD patient admitted and not resume their HD for 3 days after admit, are they excluded? This is the clarification needed.	Thank you for this information. We will consider excluding patients on routine dialysis in a future annual update.
If eGFR is below 60 and dialysis is done within 24 hours of admission. The patient would be excluded?	Yes, this patient would be excluded from the measure. The measure does not penalize facilities when patients enter with decreased kidney function, as indicated by the denominator exclusion for patients with eGFR below 60.
Why are both creatinine > 1.5 X lowest value and > 2.0X lowest value evaluated in the measure? Why not just evaluate if the creatinine is > 2.0 X lowest value?	AKI is identified by a 1.5 times or higher increase in serum creatinine within 7 days. AKI is determined to be stage 2 by a 2 times increase in serum creatinine anytime during the encounter.

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With this measure the rates of AKI stage 2 will generally be lower than the actual AKI rates overall if the denominator and numerators included all patients. Is there a distinction for the measure benchmarking for ICU vs ward patients as frequency of creatinine measurements will be higher in ICU	We acknowledge that differences may exist among patients in different levels of care within a facility. A facility-wide rate will be calculated for the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals can consider calculating their own unit-specific rates.
Since the measure evaluates creatinine increases of both 1.5 X and 2.0X lowest value, is the measure result stratified by stage of AKI (e.g., stage 1 vs 2)?	No, the measure is not stratified. A 1.5 times increase in serum creatinine within 7 days is used to identify AKI. Patients will qualify for the measure numerator if they have a 2 times or higher increase in serum creatinine anytime during the hospitalization, indicating stage 2 or greater AKI.