Pioneers in Quality Expert to Expert Series: 2025 Reporting Year Annual Updates for Hospital Harm-Severe Hyperglycemia (HH-Hyper) (CMS871-v4) and Hospital Harm-Severe Hypoglycemia (HH-Hypo) (CMS816v4)

Broadcast date: July 15, 2025

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Welcome, and thank you for joining us for today's Expert to Expert Webinar: 2025 Reporting Year Annual Updates for the Hospital Harm eCQMs Severe Hyperglycemia and Severe Hypoglycemia. I'm Susan Funk, an Associate Project Director with The Joint Commission's Engagement on Quality Improvement team, and, today, I'll be serving as the facilitator for this webinar.

To start off, just a few comments about this webinar platform. Use your computer speakers or 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 or rejoin the event if this occurs. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the Question Mark icon in the audience toolbar. A panel will open for you to submit your question. The slides are designed to follow Americans with Disabilities Act rules.

Before we get started with today's eCQM content, we do want to explain that this webinar is highly technical and requires a baseline understanding of eCQM logic and concepts. Participant feedback from previous webinars indicated that the content is often too technical to comprehend for those that are new to eCQMs. We recommend that anyone new to eCQMs visit the eCQI Resource Center at the hyperlink provided on this slide. You'll find a collection of resources that help you get started with eCQMs.

The slides are available now. Within the Participant Navigation pane, select the document icon. A new popup window will open and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides. The slides will be posted at the link at the bottom of this screen within two weeks following this broadcast. One last note. The links are not clickable on-screen within this webinar platform, however, if you download the slides, all links are functional.

This webinar is approved for 1 Continuing Education Credit, or qualifying education hour, for the following organizations: Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, and the California Board of Registered Nursing. Participants receive a certificate after completing the webinar and survey. Although we've listed the organizations that are Credit Joint Commission to provide CEs, many other professional societies and state boards accept credits or will match credit from Joint Commission's educational courses.

To earn CE credit, participants must individually register for this broadcast, participate for the entire webinar, and complete a post-program evaluation and attestation survey. For more information on The Joint Commission's Continuing Education Policies, visit the link at the bottom of this slide.

Just a few words about the CE survey and certificate. You'll receive the survey link in two ways. On the last slide, we've included a QR code accessible via most mobile devices. If you miss the QR code, you will also receive an automated email that includes the survey link. After you complete the online evaluation survey, you will be redirected to a link from which you can print or download and save a certificate. An automated email will also deliver that certificate link. Complete the certificate by adding your own name and credentials.

The Learning Objectives for this session are: Locate measure specifications, value sets, measure flow diagrams and technical release notes on the eCQI Resource Center, facilitate your organization's implementation of the Hospital Harm - Severe Hyperglycemia and Severe Hypoglycemia eCQMs, for the 2025 reporting year, and utilize answers to common issues and questions for the Hospital Harm - Severe Hyperglycemia and Severe Hypoglycemia eCQMs, to inform 2025 use and implementation.

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

All staff and speakers for this webinar have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations, that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Myself, Susan Funk, Moriah Bauman, Michael Kerachsky, and Raquel Belarmino.

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The agenda for today's discussion follows: highlight how to access resources on the eCQI Resource Center, review the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQMs, review the measure flow and algorithm, and then we'll have a facilitated audience Q&A segment. Please note, you don't need to wait until the end of the presentation to submit questions. The content experts will be responding to questions in the queue throughout the webinar.

We will now highlight how to access the CMS eCQI Resource Center. This eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQMs. The majority of the tools and resources referenced within the eCQI Resource Center are openly available for stakeholder use and provide a foundation for the development, testing, certification, implementation, reporting, and continuous evaluation of eCQMs. Raquel, I'll continue screen sharing. When you're ready, please go ahead and start your part of the presentation.

Thank you, Susan. For the measure specifications and other helpful documents, navigate to the eCQI Resource Center website at https://ecqi.healthit.gov.

Click on the second orange rectangle labeled Eligible Hospital/Critical Access Hospital eCQMs, which leads to a new webpage where you can download specifications, or click on the hyperlink title of the desired measure, and access and readily view the specifications and data elements. Available documents include HTML version of the Human Readable measure specifications, Value Sets, Data Elements, the eCQM Flow, Technical Release Notes of all changes for this year, and even link out to view Jira tickets submitted for the selected measure. The eCQM Flow document depicts the process flow diagrams that some may refer to as algorithms. They walk through the steps to take to calculate an eCQM.

Value Sets links out to the Value Set Authority Center, VSAC, where one will find all the terms and associated codes contained within each value set. Note that a login is required, but anyone can request a UMLS account, and it's free. For more details, view the eCQI Resource Center Navigation video short.

Excellent, thank you so much, Raquel. Moriah, I'm going to stop screen sharing, after I get to the next slide, and I will make you the presenter, so that you can share your screen, and go ahead with your part of the presentation. Whenever you have your slides up, feel free to take it away.

Thanks, Susan. Okay. All right, good afternoon, everyone. My name is Moriah Bauman, and I'm a Researcher at Mathematica. We'll now move on to reviewing some background information on the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQMs, which are two companion measures. So as a quick note for those who might be new to these measures, the Hospital Harm - Severe Hyperglycemia and Hospital Harm - Severe Hypoglycemia eCQMs were first adopted into CMS Quality Programs in the fiscal year 2022 IPPS rule.

This means hospitals were able to self-select either eCQM for voluntary reporting, beginning with the 2023 Reporting Period. Public reporting of the eCQMs on Care Compare and the Provider Data Catalog began in Calendar Year 2024. In the fiscal year 2025 IPPS rule, CMS finalized both eCQMs for mandatory reporting, beginning with the 2026 Reporting Period. And now, we will provide an overview of the Hospital Harm - Severe Hyperglycemia measure. This measure is an outcome ratio measure that assesses the number of inpatient hospital days for patients aged 18 and older with a hyperglycemic event, or harm, per the total number of qualifying inpatient hospital days for that encounter. I do want to note that this measure does not aim to measure overall glucose control in hospitalized patients, rather, the goal of the measure is to assess the occurrence of severe hyperglycemia in inpatient hospitalization settings.

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Hyperglycemia is common among hospitalized patients, especially those with pre-existing diabetes, but hyperglycemia can also affect individuals with no prior history of diabetes, and may be induced by medications, such as steroids or by tube feedings. Patients with elevated blood glucose levels of greater than 200 milligrams per deciliter are considered to be

hyperglycemic and are considered to be at high risk for developing severe hyperglycemia. Severe hyperglycemia, where the blood glucose level is extremely elevated, is significantly associated with a range of harms including increased in-hospital mortality, infection rates, and hospital Length of Stay. Lower rates of inpatient severe hyperglycemia may not only improve care for patients, but may also reduce costs for healthcare payers. The rate of inpatient severe hyperglycemia can be considered a marker for quality of hospital care, since inpatient severe hyperglycemia is largely avoidable with proper glycemic management.

And so, please note that throughout this presentation, when you see that star in a circle icon that denotes the presence of changes between the 2024 Reporting Period version of the Hospital Harm - Severe Hyperglycemia eCQM, and the version that was finalized for 2025 reporting. New content is indicated by underlined text, while stricken text in green denotes content that was removed. So these next few slides are going to show changes specific to the measure's header narrative. So this measure's Initial Population includes inpatient hospitalizations for patients aged 18 and older that end during the measurement period, as well as the occurrence of either a diagnosis of diabetes that starts before the end of the encounter, or an administration of at least one dose of insulin, or any hypoglycemic medication that starts during the encounter, or the presence of at least one glucose value of greater than or equal to 200 milligrams per deciliter at any time during the encounter.

As you can see, there were small changes to the Initial Population narrative in the 2025 Reporting Period version of the measure to clarify the timing of the diabetes diagnosis and the administration of the insulin or hypoglycemic medication.

So the Denominator equals the Initial Population for this measure, and there were no changes to the Denominator criteria in the 2025 version of the measure. But as you can see, there were quite a few changes to the Denominator Exclusions in this version of the measure. In the 2024 Reporting Period version of the measure, the measure only excluded inpatient hospitalizations for patients with an initial glucose result of greater than or equal to 1000 milligrams per deciliter anytime between one hour prior to the start of the encounter to six hours after the start of the encounter. However, in the version of the measure finalized for 2025, you'll see that now the measure excludes inpatient hospitalizations for patients who meet any of the following criteria. So those who have a glucose result of greater than or equal to 1000 milligrams per deciliter anytime between one hour prior to the start of the encounter to six hours after the start of the encounter, or those who have Comfort Care measures ordered or provided during the encounter, or those who have a discharge disposition to hospice care at home or in a healthcare facility.

So moving on to the Numerator. This measure's Numerator looks for 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 that period is less than 24 hours. And as you can see here, the measure defines a day with a hyperglycemic event as either a day with at least one glucose value of greater than 300 milligrams per deciliter, or a day where a glucose test and result was not found, and it was immediately proceeded by two contiguous consecutive days, where at least one glucose value during each of the two days was greater than or equal to 200 milligrams per deciliter. And you'll see that there were only a few small punctuation changes in the 2025 Reporting Period version of the measure's Numerator description.

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So we'll move on here to the Numerator Exclusions. And, here, we'll see quite a significant change in the 2025 Reporting Period version of the measure. As you'll remember, this is a ratio measure, and ratio measures operate differently than proportion measures. As so, as proportion measures are more common among eCQMs, you may know that in proportion measures, the Numerator is a subset of the Denominator. However, in ratio measures, patients are pulled into the Numerator directly from the Initial Population, not from the Denominator. So in order to make sure that the measure's exclusions are also applied to the Numerator, the measure developer added Numerator Exclusion criteria to the measure. And these exclusions might look familiar, and that's because the Numerator Exclusions are the same as the Denominator Exclusions that we reviewed earlier, and that's because we want the same hospitalizations removed from the Numerator and Denominator when they're pulled from the Initial Population. So inpatient hospitalizations for the following patients are excluded from the Numerator: those who have a glucose result of greater than or equal to 1000 milligrams per deciliter anytime between one hour prior to the start of the encounter to six hours after the start of the encounter, or those who have Comfort Care measures ordered or provided during the encounter, or those who have a discharge disposition to hospice care at home, or in a healthcare facility.

And, again, because this is a ratio measure, the measure is calculated differently than the way proportion measures are calculated. The Denominator and Numerator criteria that we reviewed earlier look for encounters or hospitalizations, but this measure also has Measure Observations which look at days in the qualifying encounters that are identified through the Denominator and Numerator criteria. And these days are what is ultimately used in the measure's calculation. So due to the length of the measure's Measure Observations description, we're only showing the Measure Observations' description included in the 2025 Reporting Period version of the measure on the slide here. You'll see from the underlined text on that slide that there was only a small content change to the Measure Observations' description between the 2024 Reporting Period version and the 2025 Reporting Period version.

And as I walk through the Measure Observations description, I'll make sure to point out and explain that change. There are also a few minor grammar updates made in the description between the two versions, which I will not point out as they not change the intent or meaning of the Measure Observations. So this measure has two Measure Observations, one associated with the measure's Denominator, and one associated with the measure's Numerator. Measure Observation 2, which is associated with the measure's Numerator, looks for the total number of hyperglycemic days during the inpatient hospitalizations that meet the Numerator criteria and do not meet the Numerator Exclusion criteria.

As you can see here, the Measure Observation 2 description was updated to clarify that the Measure Observation only assesses inpatient hospitalizations that meet the Numerator criteria, and do not meet the new Numerator Exclusion criteria. Measure Observation 1, which is associated with the measure's Denominator looks for the total number of eligible days of the inpatient hospitalizations which match the Initial Population and Denominator criteria, and do not meet the Denominator Exclusion criteria. And I just want to provide some additional guidance here around the timing of the Measure Observations calculations. In this measure, hospital days are not defined as midnight to midnight, rather they're defined as full 24 hour periods that start at the time of admission to the hospital, which may include time in the emergency department and observation. And please note that for both Measure Observations, the Length of Stay for all eligible inpatient hospitalizations is truncated to less than or equal to 10 days, when the length exceeds 10 days.

Additionally, since the measure does not count any hyperglycemic events that occur in the first 24 hours of the encounter, the first day of the hospitalization is not considered an eligible hospital day for the Measure Observations. And, finally, if the last day is less than a 24 hour period, it is also not counted as an eligible hospital day, because it's not a full day.

Okay, so next we're going to review the Measure Flow, which provides a high-level overview of how the measure works. And as mentioned earlier, Measure Flows are posted on the eCQI Resource Center.

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So I'll start by explaining the structure of this flow diagram, which is different from the structure used in flow diagrams for proportion measures. Because this is a ratio measure, the Denominator is pulled from the Initial Population, and then Measure Observation 1 calculates the total number of eligible days of the inpatient hospitalizations that meet the Denominator criteria and do not meet the Denominator Exclusions' criteria. Then, the Numerator is pulled from the Initial Population, and Measure Observation 2 then calculates the total number of hyperglycemic event days during the inpatient hospitalizations that meet the Numerator criteria and do not meet the Numerator Exclusions' criteria.

The returns from Measure Observation 1 and Measure Observation 2 are what is used in the measure's ultimate calculation. Because of the way that ratio measures are calculated, we reorder the flow for this version of the eCQM to reflect this.

So, first, we'll begin with the Denominator flow to show how Measure Observation 1 is calculated, then we'll move onto the Numerator flow to show how Measure Observation 2 is calculated. And at the end of the flow, we'll present a sample calculation to show how the Measure Observations are used to calculate the measure. So we'll start with the Denominator flow, which, as I just mentioned, begins with the Initial Population. There are three main category conditions in the Initial Population, as outlined by the three high-level logic definitions you see at the top of the flow diagram. And they are "Encounter with Existing Diabetes Diagnosis," "Encounter with Hypoglycemic Medication," and "Encounter with Elevated Glucose Greater Than or Equal to 200." An encounter will fall into the Initial Population if it meets at least one of the conditions outlined in any of these three definitions. And all three of these definitions are looking for inpatient encounters where the patient is 18 years or older at the start of the hospitalization.

For the first definition, "Encounter with Existing Diabetes Diagnosis," the logic is looking for those inpatient encounters where the patient has a diagnosis of diabetes, as reflected by a diagnosis code in the diabetes value set, before the end of the inpatient hospitalization. For the second definition, "Encounter with Hypoglycemic Medication," the logic is looking for those inpatient encounters where the patient has a hypoglycemic medication administered as reflected by a code in the hypoglycemic's treatment medications value set that starts during the inpatient hospitalization.

And for the third definition, "Encounter with Elevated Glucose Greater Than or Equal to 200," the logic is looking for those inpatient encounters where the patient has a glucose laboratory test performed during the inpatient hospitalization, and the result of that test is greater than or equal to 200 milligrams per deciliter. And, again, an encounter falls into the Initial Population if it meets at least one of the conditions outlined in any of those three definitions. If any of those conditions are met, the encounter's in the Initial Population. If not, the encounter is not in the Initial Population, and the processing ends.

Before we move on, I just want to note that we've circled areas of the flow where we've made changes since the last version of the flow. So, here, you'll see that in each definition, we've replaced the term inpatient encounter with inpatient hospitalization to better align with how the logic is presented in the eCQM. And you'll see this change throughout many of the following slides.

We've also added a reminder here that the concept of inpatient hospitalization for this measure includes time in the emergency department and observation status, when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. And this added text is also on many of the remaining pages of the flow.

And, again, please note that the Denominator is equal to the Initial Population for this measure. So if an encounter is in the Initial Population, they also meet the Denominator criteria.

So moving on to the Denominator Exclusions, there are three main category conditions in the Denominator Exclusions as outlined by the three high-level logic definitions you see here near the top of the flow diagram. And they are, first, "An Encounter with Glucose Greater Than or Equal to 1000 Within 1 Hour Prior to and 6 hours After Encounter Start," then, "Encounter with Comfort Measures During Hospitalization," and then, "Encounter with Discharge for Hospice Care." An encounter will fall into the Denominator Exclusions if it meets at least one of the conditions outlined in any of those three definitions. So the first definition, "Encounter with Glucose Greater Than or Equal to 1000 within 1 Hour Prior to and 6 Hours After Encounter Start," is looking for encounters in the Initial Population where patients have a glucose lab test performed, and the lab test result is not null, and is greater than or equal to 1000 milligrams per deciliter. You'll see here that the lab test must also be performed during one hour prior to, and up to six hours after the start of the inpatient hospitalization, and before the end of the inpatient hospitalization, in order to meet the condition described in this definition.

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The second definition, "Encounter with Comfort Measures During Hospitalization," is looking for encounters in the Initial Population for patients with an intervention of Comfort Measures Care that is ordered or performed during the inpatient hospitalization. And, finally, for the third definition, "Encounter with Discharge for Hospice Care," it's looking for encounters in the Initial Population where patients have a discharge disposition to home or a healthcare facility for hospice care. This is reflected by a discharge disposition code in either the discharge to home for hospice care value set, or the discharge to healthcare facility for hospice care value set. And again, an encounter falls into the Denominator Exclusions, and is excluded from the measure calculation if it meets at least one of the conditions outlined in any of those three definitions. You'll note by the red circle seen on this page that there been many changes to the Denominator Exclusions part of this measure flow, since its last publication. And as we discussed earlier in the version of the measure previous to this one, the Denominator Exclusions looked only for an initial glucose result of greater than or equal to 1000 milligrams per deciliter. We updated the flow to match the new logic which looks for any glucose lab test with a result of 1000 milligrams per deciliter administered one hour prior to and up to six hours after the start of the inpatient hospitalization. We've also added the definitions for the two new Denominator Exclusion criteria, "Encounter with Comfort Measures During Hospitalization," and "Encounter with Discharge for Hospice Care," to this page of the flow.

So Measure Observation 1, shown here, is associated with the measure's Denominator. The logic uses several definitions to calculate Measure Observation 1. The "Days in Hospitalization" definition returns the number of days within the hospitalization period, and then the "Days with Glucose Results" definition filters the eligible encounters, and returns the day number, so days 1 through 10, for each day within the hospitalization period to determine the eligible hospital days, which may be days 2 through 10.

Measure Observation 1 function then returns the number of eligible hospital days for encounters that meet the Denominator criteria, and do not meet the Denominator Exclusions' criteria. In this page, the flow has been updated to more directly mirror the logic used for Measure Observation 1.

Next, we're going to move to the Numerator portion of the Measure Flow. And, again, here we're going to start with the Initial Population, because, as you may remember, this is a ratio measure and the Numerator is pulled directly from the Initial Population and not from the Denominator. Because we've already reviewed the Initial Population flow earlier in the presentation, I won't walk through it again here, but just know that to evaluate the Numerator for the measure, it is important to start with the measure's Initial Population.

So, next, we'll move on to the Numerator. An encounter will meet the Numerator criteria if the encounter has at least one hospital day with a hyperglycemic event. The criteria for a day with a hyperglycemic event can be met in two different ways, as you can see here. So the measure defines a day with the hyperglycemic event as an inpatient hospitalization day where there is a severe glucose lab test result of greater than 300 milligrams per deciliter, or an inpatient hospitalization day where there is no glucose lab test result, but that day is proceeded by two consecutive days where there was a glucose lab test result each day of greater than or equal to 200 milligrams per deciliter. As you can see by the red circles here, we added a note explaining that to identify encounters that qualify for the Numerator, the logic looks for inpatient hospitalization days where a hyperglycemic event occurred during the hospitalization. We also updated the flow to clarify that if an encounter does not meet the Numerator criteria, it is just in the Initial Population.

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All right, so moving on to the Numerator Exclusions. As you'll notice, and as we discussed earlier, the Numerator Exclusions here mirror the Denominator Exclusions we reviewed earlier. Because the Numerator Exclusions are new in the measure, this page of the flow diagram is also new, which is why there's a red circle around the entire page. Because we reviewed these exclusions earlier on the Denominator Exclusions' page, I won't review them again in full detail here, but as a refresher, there are three main category conditions in the Numerator Exclusions as outlined by the three high-level logic definitions you see here, so that's "Encounter with Glucose Greater Than or Equal To 1000 within 1 Hour Prior To and 6 Hours After Encounter Start," "Encounter with Comfort Measures during Hospitalization," and "Encounter with Discharge for Hospice Care." And an encounter will fall into the Numerator Exclusions if it meets at least one of the conditions outlined in any of the three definitions.

All right, so Measure Observation 2 shown here is associated with the Measures' Numerator. Measure Observation 2 uses several logic definitions. So the "Days in Hospitalization" definition returns the number of days within the hospitalization period, the "Days with Glucose Results" definition filters the eligible encounters and returns the day number for each day within the hospitalization period to determine the eligible hospital days, so it may be days 2 through 10, and then, finally, the "Days with Hyperglycemic Events" logic identifies the number of hyperglycemic event days for each eligible encounter. Measure Observation 2 then returns the count or number of eligible hospital days with the hyperglycemic event within the first 10 days of the encounter minus the first 24 hours, and minus the last period before hospital discharge, if less than 24 hours. And this page of the flow has also been updated to more directly mirror the logic used for Measure Observation 2.

All right, so now that the measures' criteria are defined, we can plug the quantities into the calculation formula. So this measures is calculated by dividing the Measure Observations 2 associated with the Numerator, by Measure Observations 1 associated with the Denominator. As a reminder, the return of Measure Observations 2 is the total number of hyperglycemic days during inpatient hospitalizations that meet the Numerator criteria and do not meet the Numerator Exclusions' criteria. And the return of Measure Observations 1 is the total number of eligible hospital days of inpatient hospitalizations that meet the Denominator criteria, and that do not meet the Denominator Exclusions' criteria.

So, in this example, Measure Observations 2 is divided by Measure Observations 1 to equal a ratio of 0.182. And as a reminder, this ratio measure assesses the number of inpatient hospital days for patients aged 18 and older with a hyperglycemic event per the total qualifying inpatient hospital days for that encounter. And because this is an inverse measure, a lower ratio indicates higher quality.

All right, so next, we're going to dive into the measure logic. When we reviewed the flow, we reviewed the flow and the structure in which ratio measures are calculated. In reviewing the logic on the next few slides, we're going to follow the way that the population criteria are presented in the measures logic. The organization of the population criteria in the measures logic is determined by the tooling, and does not necessarily align with how the measure is calculated. So in reviewing the logic detail, we'll start with the Initial Population logic, then look at the logic for the Denominator, Denominator Exclusions, Numerator, and Numerator Exclusions. And then, finally, we'll review the logic for Measure Observation 1 associated with the Denominator, and Measure Observation 2 associated with the Numerator.

Okay, so now getting into the logic review. Before we really dive in, let's quickly level set on the layout of the slide. So the top of the slide describes the population narrative followed by the CQL measure population logic definition in the bold blue text box. This slide includes the full narrative description of the Initial Population as well as the three high-level definitions that are used to express the Initial Population in the logic. And these three definitions are: "Encounter with Existing Diabetes Diagnosis," "Encounter with Hypoglycemic Medication," and "Encounter with Elevated Glucose Greater Than or Equal to 200." And that union operator that you see there, allows for conditions under any of these three definitions to meet the Initial Population criteria. So we'll use the next few slides to break down the logic used to express the Initial Population.

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So, again, you'll see here one of the CQL logic definitions used to express the Initial Population in that bold blue text box, and beneath that will be all of the nested definitions that are used within that definition. And using this waterfall layout with the arrows just helps to point out how these definitions are nested within one another. So with that said, let's begin with the first criteria in the Initial Population, as expressed through the "Encounter with Existing Diabetes Diagnosis" logic definition.

So, here, we're looking for a diabetes diagnosis that starts before the end of the hospitalization. We'll begin by reviewing the broadest criteria, so down at the bottom of this slide, and, here, we want to define the qualifying encounter. This definition identifies inpatient encounter where the patient has to be at least 18 years of age at the start of the inpatient encounter, and the encounter must end during the measurement period. Following the arrow upwards, the Qualifying Encounter definition is nested within the Encounter with Hospitalization Period definition. This logic is structured to return or compile a list of every qualifying encounter where the patient is at least 18 years at the start, and the encounter ends during the measurement period. We can then use this collated information elsewhere in the logic. And please note that we'll continue to see this Encounter with Hospitalization Period definition used over the next few slides.

I also want to point out here that this definition uses the hospitalization with observation function from the global shared library to determine the interval of the entire inpatient hospitalization, which includes time in the emergency department, or observation when the transition between the discharge from these encounters and admission to the inpatient encounter is one hour or less. And we'll see this function used throughout the rest of the measure logic review. Okay, and now we're going to follow the arrow upwards back again to the Encounter with Existing Diabetes Diagnosis definition.

In this high-level definition, we are looking for inpatient hospitalizations for patients with the diabetes diagnosis where the prevalence period, or the onset of the diabetes, starts anytime before the end of the hospitalization period. All right, so let's move on to the second criteria of the Initial Population, which is expressed by the "Encounter with Hypoglycemic Medication" logic definition. And no logic changes were made to this definition in the 2025 Reporting Period version of the measure. Here, the logic is looking for inpatient hospitalizations for patients with the administration of a hypoglycemic medication that starts during the hospitalization period. Qualifying hypoglycemic medications are included in the hypoglycemics treatment medications value set, which includes medications such as metformin and insulin. For the 2025 Reporting Period version of the measure, the measure developer did make some code-related changes to the hypoglycemic's treatment medications value set. And most notably, the measure developer added codes for the Type 2 diabetes treatment medications, bexagliflozin and sotagliflozin, based on feedback from technical experts, subject matter experts, and public feedback. And you'll see that the encounter with hospitalization period definition is used here again, which we just defined on the previous slide.

Okay, so moving on to the third criteria used in the Initial Population, as expressed by the Encounter with Elevated Glucose Greater than or Equal to 200 logic definition. Here the logic is looking for inpatient hospitalizations for patients with glucose tests performed during the hospitalization period where test results are greater than or equal to 200 milligrams per deciliter. The relevantDatetime attribute we see here refers to the lab draw time. And again, we'll see that same encounter with hospitalization definition pulled in here.

Okay, so moving on to the Denominator, this is the same as the Initial Population. So rather than repeating it again, we can simply call the Denominator statement Initial Population, which I just reviewed in the previous slides.

All right, now moving on to the Denominator Exclusions. This slide includes the full narrative description of the Denominator Exclusions as well as the high-level definition, Encounter with Early Glucose Greater Than or Equal to 1000, or with Comfort or Hospice Care, that's used to express the Denominator Exclusions and the logic. And as a reminder, this measure excludes inpatient hospitalizations for the following patients. Those with the glucose result of greater than or equal to 1000 milligrams per deciliter anytime between one hour prior to the start of the encounter to six hours after the start of the encounter, those who have Comfort Care measures ordered or provided during the encounter, or those who have a discharge disposition to home or to a healthcare facility for hospice care.

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As noted earlier, those last two criteria, the Comfort Care and hospice criteria, are new in the 2025 Reporting Period version of the measure. So we'll use the next few slides to break down the logic used to express the Denominator Exclusions. So as you'll see here, the measure developer revamped the Denominator Exclusions' logic. We won't spend much time here, but you can see that the Denominator Exclusions' logic previously looked for a patient's first glucose result to see whether it was greater than or equal to 1000 milligrams per deciliter. And then the second definition here, "Initial Glucose Greater Than or Equal to 1000 within 1 Hour Prior to and 6 Hours after Encounter Start," calls in another definition, "Glucose Greater Than or Equal to 1000 within 1 Hour Prior to and 6 Hours after Encounter Start." This definition, which we'll see on the next slide, was modified slightly and is still included in the Denominator Exclusions' logic.

So as you can see here, the "Encounter with Early Glucose Greater Than or Equal to 1000 or with Comfort or Hospice Care" definition is broken down to three more narrow definitions that are used to express the Denominator Exclusions in the logic. These three definitions are: "Encounter with Glucose Greater Than or Equal to 1000 within 1 Hour Prior to and 6 Hours after Encounter Start," "Encounter with Comfort Measures during Hospitalization," and "Encounter with Discharge for Hospice Care." That union operator that we see here again allows for conditions under any of these three definitions to meet the Denominator Exclusions' criteria. So we'll start here with the first more narrow definition, the "Encounter with Glucose Greater Than or Equal to 1000 within 1 Hour Prior to and 6 Hours after Encounter Start." Here, we see the logic looking for an encounter with any glucose laboratory test, not just the first, where the result of the test is not null and is greater than or equal to 1000 milligrams per deciliter.

Additionally, the logic is constrained to look only for glucose laboratory tests that are performed anytime between one hour prior to the start of the encounter to six hours after the start of the encounter, and before the end of the hospitalization period. The earliest of operator that we see in this definition evaluates the relevantDatetime and relevantPeriod for each glucose test. And as mentioned on the previous slide in the previous version of this eCQM, the Denominator Exclusions' logic specifically looked for a patient's first glucose result to see whether it was greater than or equal to 1000 milligrams per deciliter. But as I just explained, and as you'll see here on the screen, the measure developer chose to update the Denominator Exclusions in this version of the measure, so that now the logic looks for any glucose laboratory test, not just the first, within one hour prior to and six hours after the encounter start, where the result of the test is not null, and is greater than or equal to 1000 milligrams per deciliter.

This change was made based on feedback from clinical Subject Matter Experts who advised that the presence of any extremely high glucose level, greater than or equal to 1000, during that seven hour timeframe, would need to be brought down slowly, which could trigger the Denominator and Numerator inappropriately, as this is appropriate care.

And as a reminder, in this measure, the Numerator Exclusions mirror the Denominator Exclusions, and the same logic is used for both the Denominator Exclusions and the Numerator Exclusions. So this logic update affects both the Denominator Exclusions and the Numerator Exclusions.

So, next, we'll move on to looking at the logic used to describe the two new Denominator Exclusions criteria as expressed by the Encounter with Comfort Measures during Hospitalization, and Encounter with Discharge for Hospice Care definitions. We'll start with the Encounter with Comfort measures during Hospitalization definition. So, here, we're looking for encounters for patients with Comfort Care measures during their inpatient hospitalization. And I want to point something out here. The logic in this definition uses the global Normalized interval function, and the Normalized interval function is meant to account for differences in EHR vendors capture of timings of measured criteria, and to decrease implementation burden due to variable use of timing attributes for the same QDM data types used across measures. So, next, we'll go to the Encounter with Discharge for Hospice Care definition. Logic in this definition looks for encounters where patients have a discharge disposition to hospice care either at home or at a healthcare facility. This is reflected if a discharge disposition code is in the Discharge to home for hospice care, or Discharge to healthcare facility for hospice care value sets that we see here in the logic.

Okay, so we're going to move on now to the Numerator. And as a reminder, because this is a ratio measure, the Numerator is not a subset of the Denominator. Instead, the Numerator is pulled directly from the Initial Population, and this slide includes the full narrative description of the Numerator as well as the high-level definition that is used to express the Numerator in the logic, which is "Encounter with Hyperglycemic Events."

Since we reviewed the Numerator narrative description earlier, I won't repeat it again here, but we will use the next few slides to break down the logic used to express the Numerator.

So here's the high-level definition that's used to express the Numerator in the logic, which is "Encounter with Hyperglycemic Events." This logic looks for encounters for patients that have a hyperglycemic event. The logic in this definition calls in another definition, "Days with Hyperglycemic Events," to look for the days within the encounters that have a hyperglycemic event. So let's move on and we'll take a look at the "Days with Hyperglycemic Events" definition. And, here, we'll see that "Days with Hyperglycemic Events" definition, in the logic used to express the definition. In short, the logic in this definition identifies all eligible hospital days with the qualifying hyperglycemic event after the first 24 hours of the hospitalization. And that's why we see that EncounterDay.dayNumber greater than one constraint in the logic.

In other words, the logic is looking for a day with a glucose result of greater than 300 milligrams per deciliter, or a day with no glucose result, but that was preceded by two consecutive days with daily results of greater than or equal to 200 milligrams per deciliter.

We see here that this definition calls in the days with glucose results definition to help define a hyperglycemic event. And, here, we'll see that Days with Glucose Results definition. In short, the logic in this definition identifies, first, the hospitalization timeframe through the "Days in Hospitalization" logic definition, and then it defines the Days with Glucose Results as days during the hospitalization with glucose results greater than 300 milligrams per deciliter, or has severe result, days with results greater than or equal to 200 milligrams per deciliter, or has elevated result, and days with no result, or has no glucose test. As I mentioned earlier, we see that "Days in Hospitalization" definition nested in here. So we'll go to the next slide to dive into that definition a bit more.

So here we see that Days in Hospitalization definition. The Days in Hospitalization definition as a whole defines the hospitalization timeframe that is eligible for measure evaluation. As you may remember, the Numerator is looking for hyperglycemic event days within the first 10 days of the hospitalization, minus the first 24 hour period, and minus the last period before discharge, if less than 24 hours. This logic returns the day number for each day within the hospitalization period to determine which days are eligible hospital days and eligible hyperglycemic event days. And you'll see that there were only a few stylistic changes in this definition.

Okay, so moving on to the Numerator Exclusions. As you'll remember, the new Numerator Exclusions for this measure are the same as its Denominator Exclusions. So you'll see here that the Numerator Exclusions using the same exact high-level logic definition, "Encounter with Early Glucose Greater Than or Equal to 1000, or with Comfort or Hospice Care."

Because we closely reviewed this logic earlier in the presentation when we looked at the Denominator Exclusions, we're not going to dive into that definition again here.

Okay, so we can move on to the logic used for Measure Observation 1, which is associated with the Denominator. This function's logic looks at all of the encounters that meet the Denominator criteria and do not meet the Denominator Exclusions criteria, and then counts all of the eligible hospital days within those encounters. What defines an eligible hospital day is that same criteria that determines the hospitalization timeframe that we reviewed in the "Days in Hospitalization" definition logic. You'll see here that there were just some changes to the logic, but this change was just made to streamline the measure logic, and does not impact measure intent or Measure Observation 1 calculation.

00:50:33
Okay, now moving on to the logic for Measure Observation 2. This function's logic looks for the total number of hyperglycemic event days across encounters that meet the Numerator criteria, but do not meet the Numerator Exclusions' criteria. Again, you'll see that there were some changes to the logic, but these changes were just made to streamline the measure of logic, and do not impact measure intent or Measure Observation 2 calculation. I will conclude the presentation of CMS871: Hospital Harm - Severe Hyperglycemia. I'm going to pass it over to Mike to review the companion measure, CMS816: Hospital Harm - Severe Hypoglycemia.

Great, thank you. Yeah, so we'll review the Hospital Harm - Severe Hypoglycemia measure, beginning with some background information. Next slide.

Severe hypoglycemia is a hospital harm event that causes patients to experiencing distressing symptoms ranging from confusion to coma, is also associated with increased odds of in-hospital mortality. CMS816 is an outcome measure that is scored as a proportion measure, and assesses the number of inpatient hospitalizations for patients aged 18 and older, who are administered at least one hypoglycemic medication during the encounter, and who suffer the harm of a severe hypoglycemic event during the encounter.

Inpatient hypoglycemia events in the hospital setting are among the most common adverse drug events. In a study published by the Office of the Inspector General in 2018, adverse drug events represent nearly half of all adverse events in hospitals among Medicare patients. Of those events, hypoglycemia represents the fifth most common adverse drug event. Rates of inpatient hypoglycemia events are an indicator of quality of care. Severe hypoglycemia events are largely avoidable by careful use of hypoglycemic medications. Moreover, the rate of severe hypoglycemia varies across hospitals, indicating an opportunity for improvement in care. The literature and the measure testing results show variable performance across hospitals, as well as room to improve harm rates. Finally, severe hypoglycemia is preventable by careful use of anti-hypoglycemic medications. The goals of this measure are to improve safety for inpatients at risk for severe hypoglycemia, to provide a means for hospitals to track performance trends of hospital harm caused by severe hypoglycemia, and implement practices to lower rates as needed. Next slide please.

The measure Description remains largely unchanged. The only change was to add an "and" in the last portion of the sentence to clarify that both conditions must be met to capture the inpatient hospitalization in the Numerator. Specifically, an inpatient hospitalization must both include the administration of a hypoglycemic medication, and the suffering or harm of a severe hypoglycemic event during the encounter. The measure's Initial Population includes inpatient hospitalizations that end during the measurement period for patients aged 18 and older, and at least one hypoglycemic medication administration starts during the encounter.

First, to add clarity as to the timing of the administer...

Michael, we've lost your audio.

Patient of a severe... Sorry, of a hypoglycemic medication specifically-

Michael?

When it should begin. The text was changing to at least one hypoglycemic medication administration start. Yes?

Oh, Michael, I was just going to say, can you go back about 30 seconds? Your signal dropped for just a moment.

Yes, of course. Okay, so I'll start at the beginning of the slide. Are we okay now?

Yes, you're coming in loud and clear. Sorry, your signal must have just dropped for just a few seconds there.

00:55:08
Okay. Okay. Okay, being at the top, the Measure Description remains largely unchanged. The only change was to add an "and" in the last portion of the sentence to clarify that both conditions must be met to capture the inpatient hospitalization in the Numerator. Specifically, an inpatient hospitalization must both include the administration of a hypoglycemic medication, and suffering the harm of a severe hypoglycemic event during the encounter. The measure's Initial Population includes inpatient hospitalizations that end during the measurement period for patients aged 18 and older, and at least one hypoglycemic medication administration starts during the encounter.

First to add clarity as to the timing of the administration of a hypoglycemic medication, specifically, when it should begin, the text was changed from "At least one hypoglycemic medication was administered during the encounter," to "At least one hypoglycemic medication administration starts during the encounter." Second, the last paragraph which defines an inpatient hospitalization was removed because this has already been defined in the definition header field. Next slide.

Thank you. The Denominator equals the Initial Population. No updates to the Denominator were made beyond those made to the Initial Population. There are no Denominator exclusions for this measure. The Numerator was updated to clarify that the timing of the hypoglycemic medication administration is within 24 hours before the start of the severe hypoglycemic event, and that there was no subsequent repeat test for glucose with a result greater than 80 milligrams per deciliter within five minutes or less from the start of the initial glucose test with a result of less than 40 milligrams per deciliter.

Additionally, several minor grammatical changes were applied. And note, there are no Numerator Exclusions for this measure.

Next slide please. Thank you. Next, we'll review the Measure Flow, which provides a high-level overview of how the measure works. Note that Measure Flows are available on the eCQI Resource Center under Hospital Inpatient eCQMs, eCQM Resources. Next slide. Starting with the yellow swim lane, the Initial Population definition is encountered with "Hypoglycemic Medication Administration." Three conditions must be met to qualify for this definition, which are included in the logic on the right. One, an inpatient encounter must be present, two, the patient must be greater than or equal to 18 years of age, and, three, there must be an administration of a medication from the hypoglycemics severe hypoglycemia value set during the hospitalization with observation encounter. If the criteria is met, the patient is included in the Initial Population. And if not, the patient is not in the Initial Population, and processing ends. In the blue Denominator section at the bottom, we see the Denominator equals the Initial Population. Note the blue diamond in the upper-right corner of the Initial Population box with an A. This is used to identify the Denominator component, which, as we'll see, will be included in the sample calculation.

I'd like to call out a change to the flow for 2025 circled in red. To more closely align with the specification logic, we added the keywords SUCH THAT after "Hypoglycemic Medication Administration" and prior to starts during Hospitalization with Observation. This change was made to better break apart the CQL logic components. Next slide.

The flow continues to depict how the Numerator is evaluated. The Numerator definition is "Encounter with Severe Hypoglycemic Harm Event." Three conditions must be met to qualify for this definition. Note the green diamond in the upper-right corner, which is used to identify the Numerator component in the sample calculation.

One, a laboratory test for glucose with a result of less than 40 milligrams per deciliter during the hospitalization with observation, and, two, a medication from the hypoglycemic severe hypoglycemia value set was administered 24 hours or less, or on... Sorry, 24 hours on or before the glucose, less than 40 milligrams per deciliter, and, three, no repeat tests for glucose with a result greater than 80 milligrams per deciliter within five minutes of the time of the glucose test with a result less than 40 milligrams per deciliter.

If the criteria is met, the encounter is in the Numerator, and if it is not met, the encounter is not in the Numerator.

01:00:12
The red circles denoting changes show instances in the logic where additional keywords and definitions were added. Again, this changes part of a broader effort to standardize and harmonize to the extent possible, and how we express logic in the measure flows. Specific to the encounter with severe hypoglycemic harm event, we pull in the Denominator, which is encounter with "Hypoglycemic Medication Administration" then evaluates for a severe hypoglycemic harm event. This includes a glucose test with result less than 40, and Hypoglycemic Medication Administration began 24 hours or less before the glucose result of less than 40 milligrams per deciliter, WHERE NOT "Low Glucose Test Followed by Glucose Test Result greater than 80." Glucose lab test where result is greater than 80 milligrams per deciliter, and was administered five minutes or less after the less than 40 milligrams per deciliter result, and this must all occur during the hospitalization with observation. Next slide, please.

The measure's Denominator and Numerator are defined, and we can plug the quantities into the Sample Calculation formula. The Performance Rate aggregates the populations into a single Performance Rate for reporting purposes. In this example, the Numerator, c=20, is divided by the Denominator, a=80, to equal a 25% Performance Rate. Remember that the lower the rate, the higher the quality.

The C and the A refer to the Numerator and Denominator populations identified by these letters earlier in the flow diagram. Next slide, please, thank you.

All right, next, we'll review the measure logic. Next, thank you. The Initial Population looks for the administration of a hypoglycemic medication given to the patient during inpatient encounters that end during the measurement period for patients aged 18 years, older, and at least one Hypoglycemic Medication Administration starts during the hospitalization. The only change made to logic was to update the terminology from InpatientHospitalization to EncounterInpatient. The rationale is that the Qualifying Encounter is only pulling in the InpatientEncounter and not the hospitalization. As such, the EncounterInpatient is more appropriate.

With that said, let's begin with the first criteria in the Initial Population definition for "Encounter with Hypoglycemic Medication Administration."

Beginning with the broadest criteria, we want to define the Qualifying Encounter. When we follow the arrow on the left upwards, the Qualifying Encounter indicates that there is an inpatient encounter during the measurement period, and the patient must be 18 years of age at the start of the inpatient encounter. Next, the logic evaluates for the administration of a hypoglycemic medication found in the "Hypoglycemic Medication Administration" definition, located at the bottom of the screen. Specifically, the logic is looking to see if the administration of a hypoglycemic medication started during the encounter. Next slide.

Moving to the Denominator, this is the same as the Initial Population, and therefore we can simply call on the Denominator statement, or Initial Population, which was reviewed in the prior slide.

Okay. As reviewed earlier, the Numerator definition is comprised of inpatient hospitalizations where a severe hypoglycemic event occurred during the encounter. A severe hypoglycemic harm event is again a glucose test with a result less than 40 milligrams per deciliter, and a hypoglycemic medication that was administered within 24 hours before the start of the severe hypoglycemic event, i.e., the glucose tests with a result less than 40 milligrams per deciliter. And, finally, there is no subsequent repeat test for glucose with a result greater than 80 milligrams per deciliter within five minutes or less from the start of the initial glucose test with a result less than 40 milligrams per deciliter. And, remember, only one qualifying severe hypoglycemic event is counted in the Numerator, and so, one severe hypoglycemic event is counted per encounter. Next slide.

The Numerator logic definition was updated to change the alias Qualifying Encounter to Inpatient Hospitalization. This change aligns with the measures header and how the Denominator criteria is specified. Specifically a Qualifying Encounter is tied to the Hypoglycemic Medication Administration during the hospitalization.

01:05:18
As noted, the Numerator logic definition encounter with severe hypoglycemic event includes the definition, Severe Hypoglycemic Harm Event. The encounter with Severe Hypoglycemic Harm Event definition first looks to the Denominator, which corresponds to the Initial Population, which is encounter with Hypoglycemic Medication Administration. Then the logic evaluates the definition for Severe Hypoglycemic Harm Event, which I will review in greater detail on the next slide. Next slide.

On this slide, we will look closer at the logic embedded within the Severe Hypoglycemic Harm Event definition.

The Severe Hypoglycemic Harm Event definition requires a low glucose test result captured in definition "Glucose Test with Result less than 40" included at the bottom of the screen, then the operator, where not, a Low Glucose Test Followed by Glucose Test Result Greater Than 80. In other words, to identify a severe hypoglycemic harm event, first, a glucose test with result less than 40 must be identified. This means that a hypoglycemic medication was administered during the qualifying encounter and the result was less than 40 milligrams per deciliter. The hypoglycemic medication was administered within 24 hours or less before the start of the severe hypoglycemic event.

The second portion of the Severe Hypoglycemic Harm Event evaluates the see whether after the glucose test with result less than 40, there was a subsequent repeat test for glucose with 80 milligrams per deciliter, within five minutes or less after the glucose test time. The definition for Low Glucose Test Followed by Glucose Test Results Greater Than 80 is included at the bottom of the slide. To summarize, the Severe Hypoglycemic Harm Event definition identifies a glucose test where the result less than 40 milligrams per deciliter, then to account for false positives after keywords, where not, the logic evaluates for a follow-up blood glucose test result taken five minutes or less after the initial test of less than 40 milligrams per deciliter to see whether there are results that are greater than 80 milligrams per deciliter. Within the logic, specifically the third to last row, we see a till symbol, this is an equivalence operator. So, in this context, we're looking to match the follow up GlucoseTest.id with the prior LowGlucoseTest.id. And that concludes this portion of the webinar.

Excellent. Thank you so much, Michael and Moriah, for presenting the overview of the measure and all of the changes for this year. In the interest of time, we've included in the handout that you can download a number of different links. We've got the eCQI Resource Center, Eligible Hospital Measures page, and Get started with eCQMs, we have a link to Teach Me Clinical Quality Language Video Series, and then a few other video shorts within that series. Next slide.

Some of you have been asking where to find information on the value sets. We've included the link to the Value Set Authority Center, the Pioneers in Quality landing page, the Expert to Expert series landing page, and finally the ASTP/ONC Issue Tracking System, and that's where clinical and technical questions about this eCQM can be asked after this webinar. Next slide.

I'm going to just leave this slide up which has a reminder on how to ask questions, we've seen a lot coming in throughout the webinar. So, in the interest of trying to get to as many questions as possible, I'm going to turn it over to Raquel and Sheila. I don't know which one of you is going first, but please jump in. And, Moriah, while they're doing that, I'll take over the screen sharing. Thanks, everyone.

Thank you, Susan. This is Sheila, and I'll be reading aloud the first question and answer for the segment here. "Will these measures be standalone or bundled with other eCQMs?" CMS871: Hospital Harm - Severe Hyperglycemia, and CMS816: Hospital Harm - Severe Hypoglycemia, are two separate eCQMs and are reported separately.

01:10:07
Next question, "Are hypo and hyper considered as one measure, or are they evaluated separately, so it is possible to meet on one and not the other?" Okay, our answer is similar to our last question. CMS 871: Hospital Harm - Severe Hyperglycemia, and CMS 816: Hospital Harm - Severe Hypoglycemia, are two separate eCQMs and are reported separately.

All right, the next one, we have two similar ones coming up, so I'm going to combine them here. It states, "We always hear from few Critical Access Hospitals that they are exempt due to the limited eCQMs that apply. How does this affect Critical Access Hospitals? Can you please clarify?" And the answer: Critical Access Hospitals report through Medicare Promoting Interoperability Program. Reporting requirements include three CMS selected mandatory eCQMs, Safe Use of Opioids, Concurrent Prescribing, Cesarean Birth, PC-02, Severe Obstetric Complications, PC-07, and, three, self-selected eCQMs which include CMS816: Hospital Harm - Severe Hypoglycemia, and CMS871: Hospital Harm - Severe Hypoglycemia. As to the available self-selected eCQMs Calendar Year 2025, a full list of measures is available on eCQI Resource Center.

Next question, "When will it go live in NHSN?" Answer: We do not have any information on the NHSN severe hospital harm hyper/hypoglycemia measures. For more information on new measures to be implemented through NHSN CoLab initiative, please visit www.cdc.gov/NHSNCoLab. www.cdc.gov/NHSNCoLab And, again, we will have the links provided on the written Q&A document.

All right, the next question, "Is this measure mandatory or optional?" CMS816: Hospital Harms - Severe Hypoglycemia, and CMS871: Hospital Harm- Severe Hyperglycemia are currently available for volunteer reporting in the Hospital Inpatient Quality Reporting program. Voluntary reporting began in Calendar Year 2023. Mandatory reporting from both measures begins in Calendar Year 2026.

"Any resources for process for hospitals to set up data collection, and advise on steps to be proactive for success?" The eCQM implementation checklist is available on the eCQI Resource Center, and it provides steps for implementers to take to successfully report eCQMs.

All right, it looks like we have one more minute, so I'll take the next question here. "Are these measures for all-payer, or only Medicare and Medicaid participants?" Both eCQMs are all-payer measures, and they assess inpatient hospitalizations for patients aged 18 and older. All right, Susan, I'm going to turn it back to you.

Thanks so much! We took up the majority of today's session getting through the content in the presentation, but the experts have been in the background responding to questions throughout the entire webinar. So we've been able to give a lot of live responses to people that needed that information. I'll just finish with the last few closeout slides. This slide always reminds everyone that after these webinars, you can find the recording links, the slides, the transcripts, and most importantly the written Q&A document we keep referencing. Once it's approved by CMS, you'll be able to locate it on the Expert to Expert landing page at the address on this slide.

Just a quick reminder, we mentioned this at the beginning of the webinar, the CE Evaluation Survey. You'll get an email that will give you this link within an hour of the webinar today. The next page also has, or the next slide also has a QR code you can scan. The survey closes in two weeks, and then your certificate, you will get upon completion of the survey. A blank PDF CE Certificate shows up on the screen, you can download it or print it. You just complete it by adding your name and credentials.

So thanks to everyone who stayed on for the entire webinar. I want to pause on this slide just for several moments for those that wish to use the QR code to scan it with your mobile device.

01:15:04
Thank you to Moriah and Michael for developing and presenting the content, Sheila and Raquel for that lightning round of the facilitated Q&A, thanks to the Mathematica team that was busy responding to all of the questions as the audience was submitting them, and, finally, thank you to everyone that attended today. We hope that you all have a great day.