Questions and Answers – Expert to Expert Webinar Annual Updates for Hospital Harm-Acute Kidney Injury eCQM for 2026 Reporting Year

Broadcast May 7, 2026

Question	Answer
The denominator exclusions say: "Inpatient hospitalizations for patients with an increase in serum creatinine value of at least 0.3 mg/dL between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start" - can you please explain how this relates in relation to the AKI diagnosis criteria "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"?	The Hospital Harm - Acute Kidney Injury (HH-AKI) looks for an encounter with an increase in serum creatinine of at least 0.3 mg/dL between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start to exclude patients from the initial population and denominator who enter the hospital with an AKI. The index serum creatinine is defined as either the lowest value obtained within the first 24 hours, or if there are no values within the first 24 hours, the first value obtained within the first 48 hours. The subsequent serum creatinine value must be obtained after the index serum creatinine and within the first 48 hours of encounter start to qualify for the denominator exclusion. The numerator criteria for AKI stage 2 identifies patients who experience an AKI during the encounter by an increase in serum creatinine of at least 2 times after the first 48 hours and within 30 days or discharge, whichever is sooner. The increased serum creatinine value must be higher than the sex-specific normal serum creatinine value, defined in the measure as 1.02 mg/dL for females and 1.18 mg/dL for males.

Question	Answer
The CareConnect system captured a case where the patient's creatinine increased to 2x baseline. Validation review showed the creatinine subsequently returned to normal prior to discharge. There was no documented diagnosis of AKI, and no AKI coding was assigned. How would you recommend classifying this type of case when we validate this case ? Would this be considered a false AKI fallout case or fallout case? Thanks.	The numerator includes inpatient hospitalizations for patients who develop AKI stage 2 or greater during the encounter, as evidenced by: • A subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine; or • Kidney dialysis (CRRT, hemodialysis, or peritoneal dialysis) initiated more than 48 hours after the start of the encounter. For purposes of reporting the HH-AKI measure, it is important to follow the CQL logic, as specified, to ensure that data is reported accurately. Numerator definitions include: "Encounter with 2 Times Serum Creatinine Increase" or "Encounter with Kidney Dialysis Started More Than 48 Hours After Arrival without High Creatinine" We encourage you to follow up with your clinical partners and EHR vendor to determine why this case was not captured in the measure's numerator.
For slide 34, does it mean highest value for the high creatinine?	Slide 34 depicts logic updates for the numerator definition 'Encounter with 1.5 Times Serum Creatinine Increase.' This logic was updated to evaluate all serum creatinine values obtained during the encounter and to determine whether the 1.5 times increase in serum creatinine occurred within 7 days of the low serum creatinine value. The logic is not referring to the highest creatinine value. The HH-AKI measure defines stage 2 or higher AKI as an increase in serum creatinine value 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. This increased value does not need to be the overall highest creatinine value.

Question	Answer
This measure is proposed under the IPPS rule. How does that affect Critical Access Hospitals?	In the Fiscal Year 2027 Inpatient Prospective Payment System (IPPS) proposed rule, CMS has proposed making this eCQM mandatory for reporting for critical access hospitals in the Medicare Promoting Interoperability Program, and for acute care hospitals under the HIQR program, beginning with the Calendar Year 2028 reporting period. (https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipps-and). We recommend that hospitals check the final rule when published for changes to reporting requirements. The final IPPS/LTACH final rule is anticipated to be published by August 1, 2026.
How will the eCQM calculate a case with 2 creatinine level of 2x the baseline but then went back to normal on the subsequent lab results - will the case still be captured as a numerator or fallout?	The HH-AKI measure intent is to capture one harm per encounter. In the scenario described, where a given encounter includes evidence of more than one occurrence of a 2 times or more increase in serum creatinine from baseline, regardless of whether both occurrences reverted to normal in subsequent lab results, the encounter would only count toward the numerator once.

Question	Answer
Can you give a scenario for the Numerator definition: IP hospitalizations for patients who develop AKI (stage 2 or greater) during the encounter, as evidenced by: A subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value of serum creatinine	Please see the numerator compliant scenario below, including an inpatient hospitalization that both meets the initial population/denominator criteria, as well as the numerator criteria for an AKI (stage 2 or greater). Female patient, 57 years old Hospital admission: Encounter, Performed (Encounter Inpatient) 6/1/2026 12:00AM - 6/10/2026 10:00AM - 1st serum creatinine: Laboratory Test, Performed 6/1/2026 6:00PM (LOINC: 21232-4)- Result 0.5 mg/dL - 2nd serum creatinine: Laboratory Test, Performed 6/2/2026 8:00PM (LOINC: 21232-4) - Result 0.6 mg/dL - 3rd serum creatinine: Laboratory Test, Performed 6/6/2026 11:00AM (LOINC: 21232-4) - Result 1.8 mg/dL The serum creatinine result of 1.8 mg/dL obtained on 6/6/2026 was a) taken after 48 hours, but within 30 days of admission, b) represents more than a 2 times increase over the result of 0.5 mg/dL obtained on 6/1/2026, and c) is higher than the sex-specific normal value for females (1.02 mg/dL).
Where is gender-affirming hormone therapy discussed related to patient characteristic, sex, and possible impact on lab interpretations? Or is birth sex exclusively to be used?	The HH-AKI eCQM uses the value set "Federal Administrative Sex" (OID: 2.16.840.1.113762.1.4.1021.121) to identify patient sex for the initial population, sex-specific serum creatinine values, estimated Glomerular Filtration Rate (eGFR), and risk adjustment within the measure. This value set contains two SNOMED codes "Female (finding)" and "Male (finding)". Gender-affirming hormone therapy is not considered in the measures, which explicitly relies on the value set “Federal Administrative Sex”.

Question	Answer
Where can I find the AKI specification?	The CMS832v3 HH-AKI measure specification can be found on the eCQI Resource Center: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS832-v3.2.000-QDM.html All eCQM specifications can be found at the eCQI Resource Center: https://ecqi.healthit.gov/ We provided links specific to the HH-AKI eCQM on slide 24, which also includes the following links: Technical Release Notes https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS832-v3.2.000-TRN.xlsx Risk Adjustment Methodology Report https://ecqi.healthit.gov/sites/default/files/AKI-Risk-Adjust-Method-Rpt-508.pdf
If the patient LOS is greater than 48 hours and had a Dx of AKI, should this case be excluded from the numerator?	No, not automatically. A case is not excluded from the denominator, and therefore numerator, because the length of stay (LOS) is greater than 48 hours and the patient has a diagnosis of AKI. If the hospitalization meets the initial population criteria, including LOS greater than or equal to 48 hours, the encounter remains eligible unless it satisfies one of the measure's denominator exclusions. Further, whether the patient is counted in the numerator depends on the patient having stage 2 or greater AKI identified or kidney dialysis initiated more than 48 hours after the start of the hospitalization.
Will the patient be part of the measure population/denominator if patient's sex is listed as undetermined in the EMR?	The HH-AKI eCQM uses value set "Federal Administrative Sex" (OID: 2.16.840.1.113762.1.4.1021.121) to identify patient sex within the measure. This value set contains two SNOMED codes "Female (finding)" and "Male (finding)". One of these values must be present for the patient to be included in the initial population.

Question	Answer
On slide 32, Does the patient need to meet all logic to be in the numerator?	Slide 32 shows the measure flow details for numerator definition 'Encounter with 2 Times Serum Creatinine Increase'. A patient can qualify for the numerator in two ways. One way is if a patient meets the criteria for the definition 'Encounter with 2 Times Serum Creatinine Increase', which corresponds to a subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine. The other way a patient can qualify for the numerator is if they have kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated more than 48 hours after the start of the encounter, which is depicted on slide 35. This numerator criteria uses the definition 'Encounter with Kidney Dialysis Started More Than 48 Hours After Arrival without High Creatinine'.
Slide 37 for First resp rate has report heart rate in the underlined statement. Is this an error?	Slide 37 shows the measure logic for two risk adjustment variables, 'Risk Variable First Heart Rate in Encounter' and 'Risk Variable First Respiratory Rate in Encounter'. Yes, slide 37 contains a typo. Under respiratory rate the text should state "Qualifying Encounter: Report respiratory rate as {Breaths}/min" not "…Report heart rate a…". The logic within the measure specification correctly states: Qualifying Encounter: Report respiratory rate as {Breaths}/min.
Is there a list for encounters with "high risk diagnosis for AKI"	For this measure, Hemolytic Uremic Syndrome (HUS), Large Body Surface Area (BSA) Burns, Traumatic Avulsion of Kidney, Rapidly Progressive Nephritic Syndrome, Thrombotic Thrombocytopenic Purpura, and Out of Hospital Cardiac Arrest (OHCA) are high risk diagnoses for AKI. These are defined in the value set "High Risk Diagnosis for AKI" (OID: 2.16.840.1.113762.1.4.1248.12). You can reference the specific codes in the value set on the Value Set Authority Center (VSAC) website at https://vsac.nlm.nih.gov/.

Question	Answer
If the patient has a <60 eGFR within the first 24 hours but also has a normal value, would that exclude the patient from the denominator?	Inpatient hospitalizations for patients with the index eGFR value of <60 mL/min within 48 hours of the encounter start are excluded from the denominator. The index eGFR is calculated using the lowest serum creatinine value within the first 24 hours of encounter start, or, if there are no serum creatinine values within the first 24 hours, then the index eGFR uses the first serum creatinine value within the first 48 hours of the encounter start.
Only those patients that are admitted as an inpatient from either the ED or Observation are eligible for the measure, correct? If the patient was discharged from Observation, they would not count towards the measure?	Only patients with an inpatient encounter are included in the measure. This includes patients directly admitted to the inpatient encounter, as well as patients in ED and/or observation status, when the transition between these encounters and the inpatient encounter are within one hour or less of each other. A patient discharged from observation or ED, with no inpatient encounter, would not be included in the measure.
I may have missed the answer to this question. is comfort measures or hospice order obtained within the first 48 hours as exclusion.	Hospice and comfort care are not exclusions for this measure.
How much does creatinine need to increase to diagnose acute kidney injury (AKI) for the HH-AKI measure?	The HH-AKI 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. Please reference the measure specification, specifically the Definitions and Guidance sections, for additional information.
Will the HH-AKI measure replace Patient Safety Indicator 10 (PSI 10) Postoperative Acute Kidney Injury Requiring Dialysis Rate?	Patient Safety Indicator (PSI) 10 is a claims-based measure included in the CMS PSI 90 composite measure, which is reported on Care Compare and is used in the Hospital-Acquired Condition Reduction Program. There are currently no plans to replace CMS PSI 10 or PSI 90 with the HH-AKI measure. Any potential changes would be communicated in a future IPPS/LTACH Final Rule.
What benchmarks or targets are set for this metric?	There is not yet a national average for the HH-AKI measure. For this measure, a decreased score indicates improvement.

Question	Answer
Can you define the encounter start time? Does this include time in the emergency department (ED) and/or in Observation?	The HH-AKI measure uses the "Hospitalization With Observation" function to determine the start of the inpatient hospitalization. This function includes ED and observation encounters when discharge from ED or observation encounters and admission to the inpatient encounter is one hour or less.
How is AKI defined in the HH-AKI measure?	The HH-AKI measure defines stage 2 or greater AKI two ways: 1) 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 2) Initiation of kidney dialysis (CRRT, hemodialysis, or peritoneal dialysis) more than 48 hours after the start of the encounter Please refer to the measure logic for the numerator definitions "Encounter with 2 Times Serum Creatinine Increase" or "Encounter with Kidney Dialysis Started More Than 48 Hours After Arrival without High Creatinine"