Questions and Answers – Expert to Expert Webinar Annual Updates for Hospital Harm – Falls with Injury eCQM for 2026 Reporting Year

Broadcast April 16, 2026

Question	Answer
Is there a date that this will be a mandated eCQM by CMS or will it only be elective?	As finalized in the FY 2026 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH) final rule hospitals must report a total of eight (8) eCQMs for calendar year (CY) 2026. Five (5) are selected by CMS, and the remaining can be self-selected by hospitals from a list of available eCQMs. The Hospital Harm- Falls with Injury is on the list of available eCQMs. The FY 2026 IPPS/LTCH PPS proposed rule proposes mandatory CMS reporting starting in 2028. However, the FY 2027 IPPS/LTCH PPS proposed rule is posted for public comment until June 9, 2026, and is not final. Therefore, this is subject to change based on what CMS finalizes in future rulemaking.
Isn't eCQM CMS 1017 HH- Fall with Injury required for CMS TEAM PY2?	Transforming Episode Accountability Model (TEAM) is a mandatory CMS model that will run for five performance years from January 1, 2026, to December 31, 2030, in selected Core-Based Statistical Areas nationwide. Additional information is available in the link below. We recommend hospitals use CMS' available resources to determine your organization's requirements. Please review the following resources at https://www.cms.gov/priorities/innovation/innovation-models/team-model https://www.cms.gov/team-model-participant-list (updated March 2026) Please submit questions about the TEAM model and your organization's eCQM requirements via the ONC/ASTP Issue tracker so that CMS can assist with a response specific to your organization. On April 10, 2026, CMS published the FY 2027 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) proposed rule, which includes proposed updates to TEAM policies. Please review the proposed rule at https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipps-and

Question	Answer
If our measures fall under Inpatient Psychiatric Facility Quality Reporting (IPFQR), psych hospitals are not included in this reporting requirement, correct?	There are three distinct quality reporting programs being referenced: 1) the Hospital Inpatient Quality Reporting (IQR) Program, 2) the Promoting Interoperability (PI) Program, and 3) the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Each program has its own measure requirements. The HH-FI eCQM (CMS 1017) has been finalized in the Hospital IQR and the Medicare PI Programs. Psychiatric facilities (including IPF units that bill under IPF PPS in an acute care hospital) that report to the IPFQR Program are not required to report the measure.
A diagnosis within the falls ICD-10 as an admitting diagnosis has no POA status included within our Coding Summary (likely pulling into our current report as 'null'). Should admitting diagnoses with no POA designation be included in numerator? It seems inappropriate. Or only principal & secondary diagnoses?	Present on admission (POA) is required for the denominator exclusion definition "Encounter with a Fall Present on Admission." If the POA indicator cannot be captured in a structured field then an encounter may not meet the exclusion definition, and this measure may not be accurately calculated using the current system. We encourage you to work with your electronic health record (EHR) vendor to ensure your workflow is being appropriately captured to meet specific criteria for this measure.
If the coding source does not have the ability to define a POA indicator on the code, should an EMR vendor be allowed to use it as a coding source?	POA indicators are required data elements to distinguish preexisting conditions from hospital acquired events, which is fundamental to the intent of the hospital harm (HH) measures. POA is required for the denominator exclusion definition "Encounter with a Fall Present on Admission." If a diagnosis comes from a system unable to document POA, it must still be captured in a structured field in your EHR using the appropriate value set to determine whether the diagnosis qualifies for the measure. We encourage you to work with your EHR vendor to ensure your workflow is being appropriately captured to meet specific criteria for this measure.
If a patient falls in the ED before an inpatient stay is ordered, can we say this fall with injury is POA?	The intent of this measure is that falls that occur in the ED are included. This measure includes time spent in the emergency department (ED) when the transition between discharge from the ED (or observation status) and admission to the inpatient encounter is one hour or less. If this criteria is met, a fall in the ED would be included in the measure.
Piggybacking off the fall in ED question- so arrival time 12, fall time 1230 and inpatient order at 430 pm that is not included and it would be a fall POA?	The determination for inclusion of the ED stay is based on the amount of time for the transition between the ED discharge or observation status, and admission to the inpatient encounter. If this time of transition is longer than one hour, the ED stay is not included. If the transition is one hour or less, then the inpatient hospitalization period assessed by the measure begins at the start of the ED encounter allowing the full time the patient is in the ED to be included. The example provided does not state when the patient was discharged from the ED, so we are unable to determine whether time in the ED is included.
To clarify, a fall in the ED within 1 hour of admission order is included in this measure?	The one hour refers to the time of transition between discharge from the ED or observation, and admission to the inpatient encounter. The fall does not have to occur within one hour of the inpatient encounter.

Question	Answer
The time of transition from ED to IP stay being 1 hour does not make sense--- POA status for coding is based on the admission orders. So, they will be coded as POA if the fall occurs in the ER prior to admission orders.	Thank you for your feedback. The intent of the measure is to capture eligible falls in the ED and observation status period. We will consider adding clarity to the measure specifications around this topic.
Is it true that if patient has at least 24 hours of hospital encounter with a <1hr transition between ED & Inpatient, if patient had a fall while in ED within the first 4 hours of encounter, this fall in ED will be counted as a fall?	Yes, if patient has at least 24 hours of hospital encounter with a less than 1 hour transition between ED and Inpatient admission and the patient had a fall while in ED within the first 4 hours of encounter, the fall in ED can qualify the patient for the numerator.
If a patient falls in the outpatient encounter and later was changed to inpatient encounter, does the fall in the outpatient encounter count?	The intent of the measure is to capture falls in the ED. The measure considers events that occur in the ED and observation status when the transition between the end of the ED or observation encounter and the start of the inpatient encounter is 1 hour or less. Falls that occur during other outpatient encounters would not qualify for the measure.
Why are there 2 different value sets for Present on Admission in the inpatient eCQMs in the specifications?	The HH-FI eCQM (CMS 1017) follows convention established by CMS and the Agency for Healthcare Research and Quality (AHRQ). The value set “Present on Admission or Clinically Undetermined” (OID 2.16.840.1.113762.1.4.1147.197) contains POA codes of “Y” and “W” (POA Indicator of Y = yes, Diagnosis was present at time of inpatient admission, and W= clinically undetermined), while the value set “Not Present on Admission or Documentation Insufficient to Determine” (OID 2.16.840.1.113762.1.4.1147.198) contains POA codes of “N” and “U” (POA Indicator of N = no, Diagnosis was not present at time of inpatient admission, and U = documentation insufficient to determine if the condition was present at the time of inpatient admission).
Why are injuries sustained POA excluded, but injuries sustained from a subsequent fall in the hospital are included?	Excluding patients with a fall that is present on admission ensures the measure assesses hospital-acquired harm rather than pre-existing conditions. Patients who enter the hospital after a fall have increased clinical complexity and a care plan that may include patient safety interventions such as increased monitoring.

Question	Answer
When there is a conflict with the same ICD-10 fall code, should a POA Y on the Coding Summary trump other incidents within the encounter where the same ICD-10 is either null or POA N. Example - diagnoses and problems section has ICD-10 within the falls set (no POA status selection is an option) and the Coding Summary has that same ICD-10 with POA Y.	Measure logic uses the QDM "Adverse Event" data element and QDM "Encounter, Performed" data element with "diagnoses" attribute to identify falls that occur during the inpatient hospitalization. It also uses the QDM "Encounter, Performed" data element with the "diagnoses" and "presentOnAdmissionIndicator" attributes to confirm that an inpatient fall resulted in an injury diagnosis and has the appropriate POA indicator for measure inclusion. Please work with your EHR vendor to locate the documentation and coding sources for fall events, encounter diagnoses, and POA data to ensure they are captured and mapped correctly for eCQM scoring calculations and data extraction. You can learn more about these data elements and attributes on the eCQI Resource Center's Data Element Repository at (1) https://ecqi.healthit.gov/mcw/2025/qdm-dataelement/adverseevent.html (2) https://ecqi.healthit.gov/mcw/2025/qdm-dataelement/encounterperformed.html (3) https://ecqi.healthit.gov/mcw/2025/qdm-attribute/diagnoses.html
How are the injuries linked to the fall?	The logic uses major and moderate injury codes in their respective value sets, "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120) and "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) to confirm the fall during the inpatient hospitalization resulted in a major or moderated injury. You can reference the applicable codes contained in the value sets on the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov/. Click on the "Search Value Sets" tab and enter the value set OID to review codes included in the respective value set.
Does this mean that the inclusion criteria is for those staying in the hospital for 120 days and age greater than 18?	Yes, the dentition "Encounter with Age 18 and Older and Length of Stay 120 Days or Less" is the initial population. In order for a patient to qualify for the initial population their inpatient hospitalization length of stay must be less than or equal to 120 days and the patient 18 years old or older at start of the inpatient hospitalization.
Do we have to have a code for fall and a code for injury to qualify for the numerator?	Yes, the measure's logic uses separate value sets for falls "Inpatient Falls" (OID 2.16.840.1.113762.1.4.1147.171), major injuries "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120), and moderate injuries "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) to confirm if the patient experienced a fall resulting in major or moderate injury during their inpatient hospitalization.

Question	Answer
What makes a patient a numerator exclusion instead of a denominator exclusion?	In ratio measures, both the numerator and denominator are derived independently from the same Initial Population. In this measure, the numerator and denominator exclusions are the same, they both remove patients who enter the hospital with a fall diagnosis POA from being considered for the measure. Denominator exclusions remove patients from the denominator before calculating the numerator because the numerator event is not applicable to those covered by the denominator exclusion. Numerator exclusions ensure that the measure accurately reflects the quality of care provided during the inpatient stay (including qualifying ED and OBS encounters) by identifying situations where a recommended action was not applicable, contraindicated, or was not performed due to patient-specific factors.
What do you mean that numerator exclusions prevent outcomes from being counted for eligible encounters?	Numerator exclusions are used to ensure the measure accurately reflects the quality of care provided. They will omit patients due to patient-specific factors, such as, in the case of the HH-FI measure, a fall present on admission, from being counted toward the numerator.
So, if the patient has a history of fall, then had a fall with major injury, it will not be included?	This patient's hospitalization would be included unless they meet the exclusion criteria for the measure. The history of fall would have to be designated as a diagnosis present on admission in order to be excluded. A history of previous fall, does not automatically exclude the event from this measure.
How will this data make a difference for prevention? What is the purpose of this data with all the exclusions? It seems the criteria is very limited.	The goal of this hospital harm eCQM is to raise awareness of fall rates, especially those resulting in injury, to improve patient safety by preventing falls with injury among hospitalized patients. The purpose of measuring the rate of falls resulting in major and moderate injury is to improve hospitals' practices for identifying and monitoring patients and, ultimately, to reduce the frequency of patient falls with injury.
Why do the value sets for this measure contain SNOMEDCT codes for patient problem findings such as "Recurrent Falls" when this problem statement doesn't necessarily indicate a fall has occurred during the current hospitalization?	Patients with a Fall Diagnosis code included in the "Inpatient Falls" value set (OID 2.16.840.1.113762.1.4.1147.171) that is present on admission should be excluded from the measure. Inpatient hospitalizations in which the patient has a "Recurrent Falls" diagnosis present on admission would be excluded from both the denominator and numerator of this measure. "Adverse Event" QDM data element is used with the value set "Inpatient Falls" to indicate a qualifying encounter with a fall event and the diagnosis is in value sets "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120) or "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) with the Not present on admission or documentation insufficient to determine (POA indicators N or U) documentation to indicate a fall occurred during the current hospitalization.

Question	Answer
Are outpatient surgery patients excluded?	This measure does not include time spent in outpatient surgery. Encounters included in the initial population are captured by the value sets: "Emergency Department Visit" (OID 2.16.840.1.113883.3.117.1.7.1.292); "Encounter Inpatient" (OID 2.16.840.1.113883.3.666.5.307); and "Observation Services" (OID 2.16.840.1.113762.1.4.1111.143).
What exactly constitutes a 'Major' injury? What is a 'Moderate' injury?	Examples of major injuries include fractures, closed head injuries, and internal bleeding. Examples of moderate injuries include lacerations, open wounds, dislocations, sprains, and muscle strains. Diagnosis codes for both moderate and major injuries can be found in the value sets "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) and "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120). Value set details are available on the Value Set Authority Center (VSAC): https://vsac.nlm.nih.gov/
Do the injury levels correlate to the definitions given by National Database of Nursing Quality Indicators?	The definitions used by this measure may be similar, but codes are not mapped to National Database of Nursing Quality Indicators (NDNQI) injury levels. In this measure, examples of moderate injuries include lacerations, open wounds, dislocations, sprains, and muscle strains. Examples of major injuries include fractures, closed head injuries, and internal bleeding.
How does one get a hold of the NDNQI document for those definitions?	The definitions used by this measure may be similar to NDNQI injury levels. However, the definitions for major and moderate injuries applicable to the HH-FI measure are available in the measure specification. Value sets containing relevant codes are available on the Value Set Authority Center (VSAC): https://vsac.nlm.nih.gov/
Would bruising and abrasions be considered moderate injury, or no?	The Definition section of the measure specification provides examples of moderate injuries that include lacerations, open wounds, dislocations, sprains, and muscle strains. Please refer to the value set "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) to determine if an injury is considered a moderate injury.
Does a lost tooth count as a Major injury?	The Definition section of the measure specification provides examples of major injuries that include fractures, closed head injuries, and internal bleeding. Please refer to the value set "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120) to determine if an injury is considered a major injury. Maxillary fractures are included in the “Major Injuries” value set; however, lost teeth are not.
If there is a laceration that does not require steristrips or suturing, does it count as a Moderate Injury.	Please refer to the value set "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) to determine if this injury is considered a moderate injury. Generally, laceration diagnosis codes are included regardless of whether treatment was provided or not.

Question	Answer
Are types of injury based on ICD codes? Or is this meant to be pulled from chart documentation (like progress notes or problem list)? Or combination of both?	Types of injuries are identified using ICD-10 CM diagnosis codes in the value sets "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120) and "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205).
The specifications state, "Hospital days are measured in 24-hour periods starting from the time of arrival at the hospital (including time in the Emergency Department and or Observation). The number of days will be counted as whole numbers; any fractional periods are dropped." What if an encounter has a total hospitalization LOS of say 23 hours?	The inpatient hospitalization, including time spent in the ED and/or observation, must be at least 24 hours. If the inpatient hospitalization length of stay is less than 24 hours, then it is not counted by the measure as an eligible inpatient encounter and therefore would not count in the initial population of the measure.
Do patients with only an Observation status count if they are at the hospital for 46 hrs?	No, patients must have an inpatient encounter to qualify for the initial population of this measure.
Patients are pulled into the numerator due to SNOMED 161898004: Falls (finding), but the fall ICD10 that is being marked POA (or exempt) is not captured, because it is not included in falls value sets. Examples: V00.321A Fall from snow-skis, initial encounter Exempt from POA reporting W00.0XXA Fall on same level due to ice and snow, initial encounter Numerator exclusion is not being applied to patients that have POA ICD10 codes capturing falls outside of the hospital while skiing or in snow, skewing rate of falls	The intent of this measure is to capture falls that occur in the hospital. Since these situations would not occur in a hospital, they are not appropriate for the measure. We encourage you to work with your EHR vendor to remove these patients from the numerator.
Is the level of injury included in the ICD-10 fall code?	Injuries are identified by the value sets "Major Injuries" (OID 2.16.840.1.113762.1.4.1147.120) and "Moderate Injuries" (OID 2.16.840.1.113762.1.4.1248.205) which includes ICD-10-CM codes. The fall diagnosis is identified by the value set "Inpatient Falls" (OID 2.16.840.1.113762.1.4.1147.171), which include both ICD-10-CM and SNOMED CT codes.
Will a patient's risk adjustment remove them from this measure? How does the risk adjustment affect abstracting and reporting our organization's compliance for this new measure?	Risk adjustment is applied after population inclusion and exclusion logic is complete and is used to adjust measure scores for differences in patient case mix. Risk adjustment does not remove a patient from the measure. Risk adjustment is applied to a measure's score to allow fair and accurate comparison of health care outcomes across measured entities. For more information on risk adjustment, see the Measures Management System Hub at https://mmshub.cms.gov/measure-lifecycle/measure-specification/risk-adjustment-overview and accurate comparison of health care outcomes across measured entities.

Question	Answer
If a patient did not have a fall but had a fracture because of a wrong movement, does it still count as fall with fracture?	No, per the fall definition within the measure specification, a fall is an unintentional descent to the floor, ground, or lower level. A diagnosis code present in the value set "Inpatient Falls" (OID 2.16.840.1.113762.1.4.1147.171) would need to be present for the patient to qualify for the numerator.
Since the number of days for observation 1 is not a 24-hour day but starts at the time of observation or admission, is the first day then counted as a day for observation 1?	Hospital days are measured in 24-hour periods starting from the time of arrival at the hospital (including time in the Emergency Department and/or Observation as appropriate). The first 24-hour period is counted as a day for measure observation 1.
Is a list of what qualifies as Neurologic disorders?	The value set “Neurologic movement and related disorders” (OID 2.16.840.1.113762.1.4.1248.174) contains the qualified disorders. Value sets containing relevant codes are available on the Value Set Authority Center (VSAC): https://vsac.nlm.nih.gov/
Could you clarify whether the specification includes patients who were initially admitted as inpatients but later reclassified to observation status and discharged as outpatients? Or does it only capture patients who remained inpatient throughout their stay.	Only encounters that remain inpatient through discharge are included.
Does this measure exclude intentional fall?	This measure is limited to unintentional falls.
How do we document intentional fall in eCQM?	Intentional falls are not included in this measure.
If a patient was lowered to the floor by staff as they become weak, is that counted as a fall?	A patient being lowered to the floor by a staff member would not be considered a fall. The measure specification defines a fall as a sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can).
How can we enter the data to the Joint Commission?	Joint Commission is not accepting data for this eCQM for 2026.
Are inpatient rehab falls included?	The HH-FI (CMS 1017) eCQM is available in the Hospital IQR and Medicare Promoting Interoperability (PI) Programs for acute care and critical access hospitals only. Inpatient Rehabilitation Facilities (IRF), or patients in a PPS Excluded Rehabilitation Unit, are not included in this measure.
Is inpatient in the numerator an admission status or patient in a hospital bed including ed and observation status?	“Inpatient hospitalizations” refers to the measure’s encounter construct, not simply an admission status label. The qualifying episode is an inpatient encounter, and that hospitalization is expanded to include time in the Emergency Department (ED) and Observation (obs) when the discharge from ED or obs is one hour or less prior to the inpatient admission.

Question	Answer
If a patient has more than one fall within the same encounter, will each of the falls be counted?	No. If a patient has more than one fall within the same encounter, the encounter is counted once, not once per fall. The measure is encounter based, and the description states it assesses inpatient hospitalizations where at least one fall with a major or moderate injury occurs. The guidance also states this is an episode-based measure, where each episode is an inpatient hospitalization or encounter. In the measure logic, the numerator returns qualifying encounters, and the Numerator Observation is 1 for each qualifying encounter.
Is the "time of admission" for the admission encounter based on the Admit order time or on the original arrival time to the hospital (including arrival to ED when they are not yet admitted?)	The measure uses the "Encounter, Performed" QDM data element and the relevantPeriod attribute to identify the start and end times of inpatient encounters. If a patient spends time in the ED and discharge from the ED and admission to the inpatient encounter is one hour or less, then admission to the ED will begin the inpatient hospitalization. You can learn more about data elements on the eCQI Resource Center's Data Element Repository: https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/encounterperformedencounterinpatient.html
If a patient starts an encounter as an observation patient and then transitions to an inpatient status, would the patient be included in the patient population	Yes, as long as the transition to inpatient status is within one hour of discharge from the observation status, the patient would be included in the patient population.
Do transitional care units count in this measure or do only acute care units count?	The intent of the measure is that only acute care units are included.
How does the measure ensure the injury is attributed to the fall event?	The numerator measure logic evaluates two definitions, "Encounter where a Fall and Major Injury Occurred" and "Encounter where a Fall and Moderate Injury Occurred." These definitions identify injury diagnoses resulting from a fall during the inpatient hospitalization.
In the IPP definition, is the "measurement period" considered the reporting quarter or reporting year? In other words, are encounters that span quarters excluded or is it just saying the encounter must take place within the calendar year and not span across the next calendar year?	The measurement period is considered the reporting year. The measurement period is listed in the Measurement Period section of the measure specification. For example, in version 2 the measurement period is January 1, 2026 through December 31, 2026.