

New CMS mandate puts focus on hospital glycemic control

The Centers for Medicare & Medicaid Services (CMS) has added inpatient glycemic control to its Hospital Inpatient Quality Reporting (IQR) Program, signaling a major shift in federal oversight of hospital-based diabetes and blood glucose management. Beginning with the 2026 reporting period, hospitals will be required to track and report two new electronic clinical quality measures (eCQMs) related to hypoglycemia and hyperglycemia. This move reflects a broader recognition that poor glycemic control—whether from insulin overuse or missed diagnoses—can lead to longer lengths of stay, increased costs, and serious patient safety risks.

What is the mandate?

With this coming CMS mandate, hospitals will be required to report two additional electronic clinical quality measures (eCQMs) related to insulin management:

- Hospital Harm – Severe Hypoglycemia eCQM – the % of patient stays that a patient has a blood sugar of <40 within 24 hours of receiving a diabetes-related medication
- Hospital Harm – Severe Hyperglycemia eCQM – the % of patient days that a patient has a blood sugar >300 excluding the first 24 hours of treatment in the hospital

If they fail to meet these requirements, hospitals can face financial penalties¹ that include not receiving the maximum payment amount to which they're entitled.

The CMS mandate is part of a growing push from government agencies, accreditors, and payers to standardize and improve inpatient diabetes care. Organizations like the Joint Commission, and the American Diabetes Association have already issued guidance and performance benchmarks. Public reporting of glycemic control metrics is also expanding, with platforms like Medicare.gov and Leapfrog increasingly featuring blood glucose data as part of hospital ratings. As these standards evolve, hospitals must not only meet minimum reporting requirements but also demonstrate meaningful improvements in patient outcomes.

What hospitals need to know about the CMS mandate

- **Effective in 2026:** CMS will require reporting of two eCQMs—Severe Hypoglycemia and Hyperglycemia—for the IQR Program.
- **Applies to all eligible hospitals:** This includes general acute care hospitals paid under the Inpatient Prospective Payment System (IPPS).
- **Financial penalties for non-compliance:** Hospitals that don't report the required eCQMs will forfeit the full 2.6% annual reimbursement increase under Medicare.
- **eCQMs must be reported via certified EHR systems:** Hospitals need to ensure their technology infrastructure supports accurate data capture and submission.
- **Public transparency is increasing:** Glycemic control performance may become visible in CMS, Leapfrog, and other quality scorecards—impacting reputation and competitive standing.
- **Mandate aligns with clinical best practices:** The American Diabetes Association and other professional bodies recommend routine, protocol-driven management of inpatient blood glucose.

How Glytec can help

[Glytec's](#) FDA-cleared Glucommander® platform is purpose-built to support hospitals in meeting the new CMS requirements. It offers real-time insulin dosing, automated detection of glycemic events, and robust reporting tools that streamline eCQM submission. With proven reductions in hypoglycemia and hyperglycemia rates, Glytec helps hospitals not only achieve compliance but also elevate the quality of care, reduce length of stay, and protect reimbursement—all while preparing for a more transparent and value-driven future in inpatient care.