



Centers for Medicare & Medicaid Services

2026 Hybrid Measures for Hospitals - Inpatient

May 2025

ADDITIONAL INFORMATION REGARDING HYBRID MEASURES FOR CMS QUALITY REPORTING PROGRAMS FOR HOSPITALS - INPATIENT

The table below titled, “Hybrid Measures for Hospitals - Inpatient,” includes up-to-date information for Hybrid Measures that will be used to electronically report 2026 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures are not eligible for 2026 reporting unless and until they are proposed and finalized through CMS notice-and-comment rulemaking for each applicable program. Subsequent updates will be provided in a new version of this table with a summary of the updates located in a version history table at the end of the document.

Please note, because the measure stewards updated the titles and descriptions for the measures in this table, they may not match the information provided on the consensus-based entity (CBE)’s [Submission Tool and Repository \(STAR\) Measure Database](#). Measures that do not have a CBE number are not currently endorsed.

This table does not include the measures listed under the 2026 program candidate measure filter of the eCQI Resource Center.

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Set Identifier
CMS529v6	2879	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data - HWR	This logic is intended to extract electronic clinical data. This is not an electronic clinical quality measure and this logic will not produce measure results. Instead, it will produce a file containing the data that CMS will link with administrative claims to risk adjust the Hybrid HWR outcome measure. It is designed to extract the first resulted set of vital signs and basic laboratory results obtained from hospitalizations for adult Medicare Fee-For-Service (FFS) and Medicare Advantage (MA) patients admitted to acute care hospitals.	N/A	Measure/Initial Population: All Medicare FFS and MA hospitalizations for patients aged 65 and older at the start of an inpatient admission, where the length of stay is less than 365 days, and the hospitalization ends during the measurement period. NOTE: All Medicare FFS and MA hospitalizations meeting the above criteria should be included, regardless of whether Medicare FFS/MA is the primary, secondary, or tertiary payer.	Hybrid HWR
CMS844v6	3502	Core Clinical Data Elements for the Hybrid Hospital-Wide All-Condition All-Procedure Risk-Standardized Mortality Measure - HWM	This logic is intended to extract electronic clinical data. This is not an electronic clinical quality measure and this logic will not produce measure results. Instead, it will produce a file containing the data that CMS will link with administrative claims to risk adjust the Hybrid HWM outcome measure. It is designed to extract the first resulted set of vital signs and basic laboratory results obtained from hospitalizations for adult Medicare Fee-For-Service (FFS) and Medicare Advantage (MA) patients admitted to acute care hospitals.	N/A	Measure/Initial Population: All Medicare FFS and MA hospitalizations for patients aged 65 through 94 years at the start of an inpatient admission, where the length of stay is less than 365 days, and the hospitalization ends during the measurement period. NOTE: All Medicare FFS and MA hospitalizations meeting the above criteria should be included, regardless of whether Medicare FFS/MA is the primary, secondary, or tertiary payer.	Hybrid HWM

VERSION HISTORY

Date	Comments
May 2025	Original publication