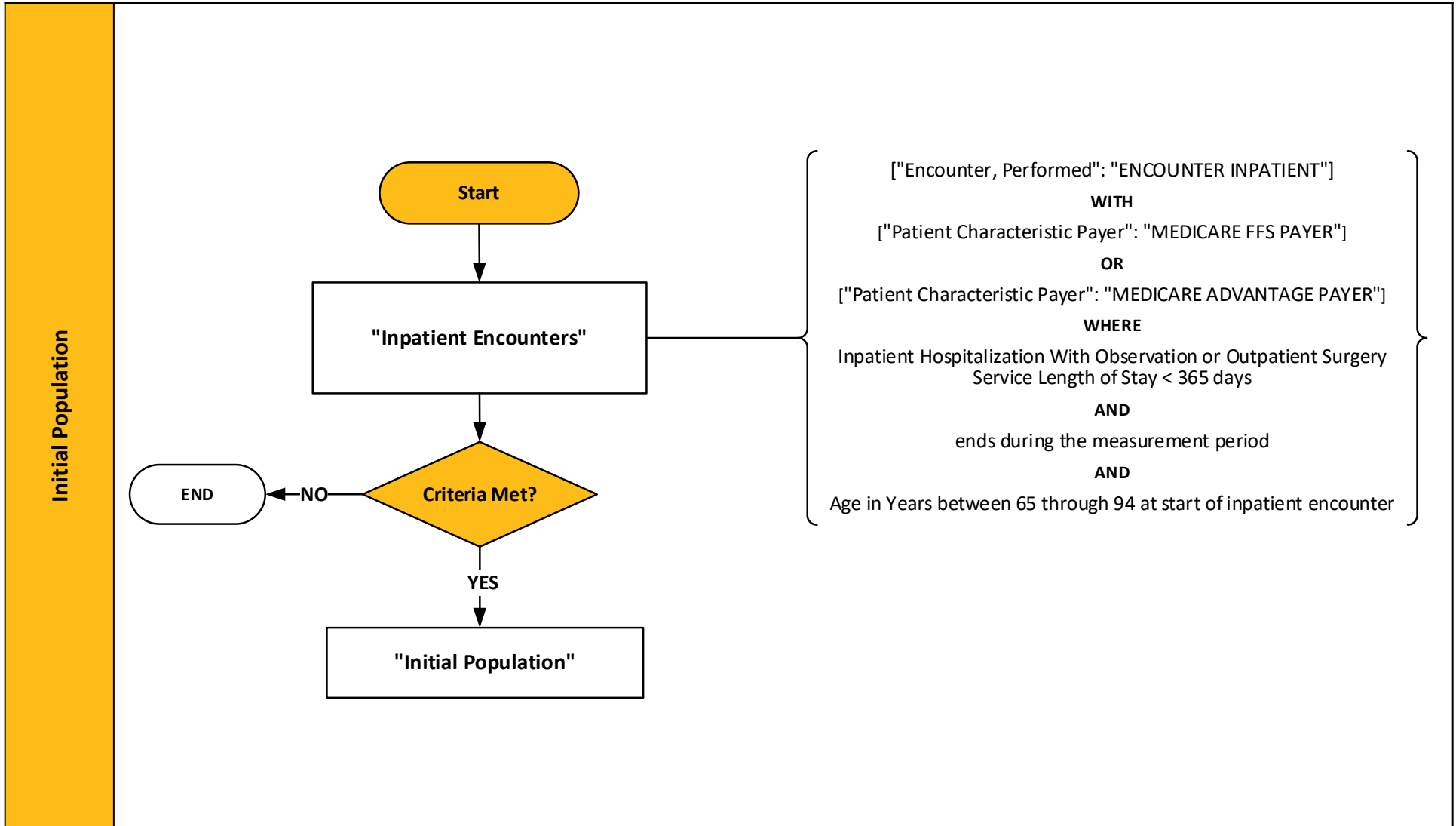


2025 eCQM Flow – CMS844v5: Core Clinical Data Elements for the Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM)* CBE# 3502

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

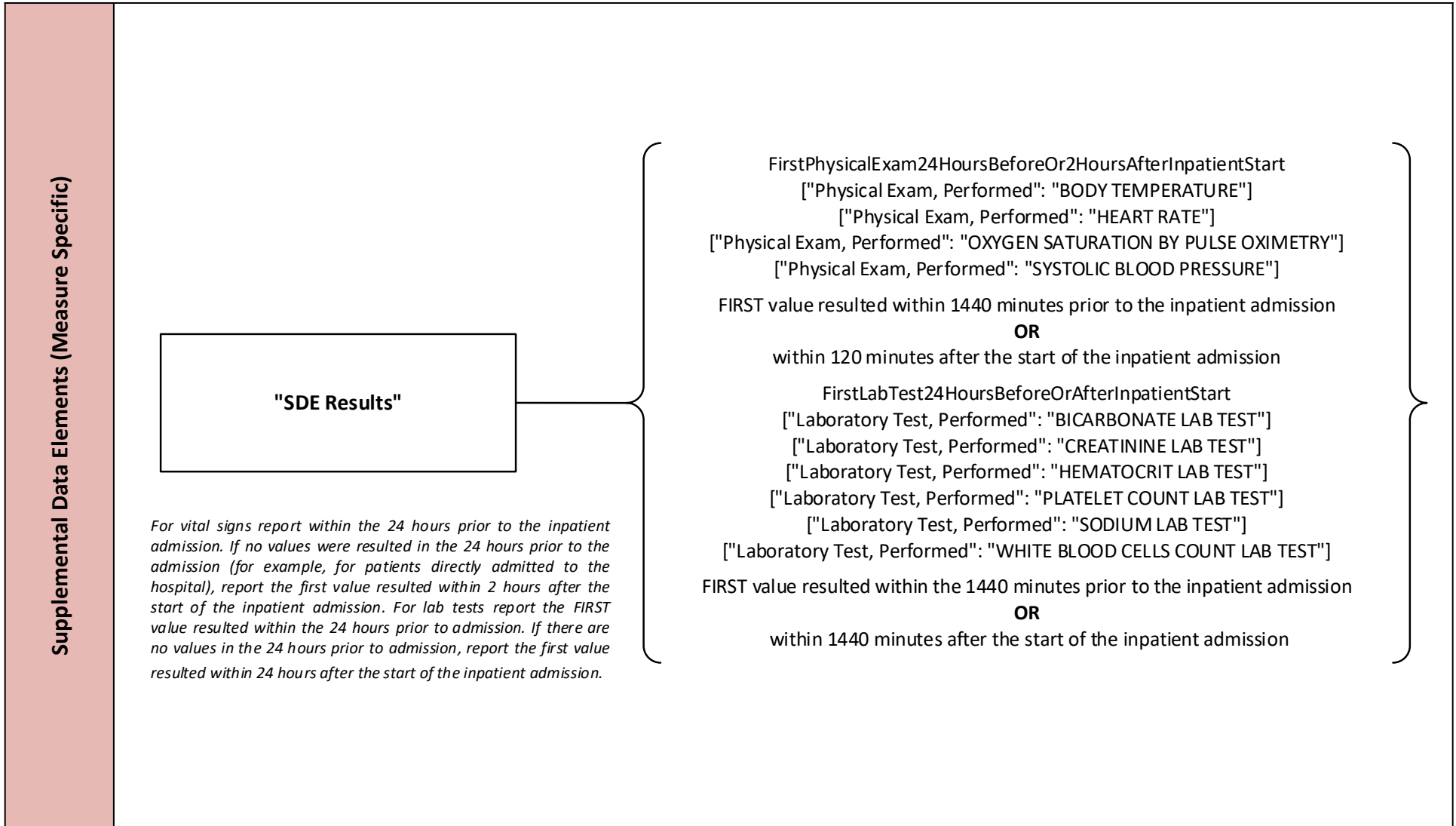
Measure Flow Diagram



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**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Diagram (Continued)



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**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Description	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.
Initial Population	<p>All Medicare Fee-For-Service and Medicare Advantage hospitalizations for patients aged 65 through 94 years at the start of an inpatient admission, who are discharged during the measurement period (length of stay < 365 days).</p> <p>NOTE: All Medicare Fee-For-Service and Medicare Advantage encounters meeting the above criteria should be included, regardless of whether Medicare Fee-For-Service/Medicare Advantage is the primary, secondary, or tertiary payer.</p>

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**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Narrative (Continued)

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Supplemental Data Elements (Measure Specific)

For hospitalizations in the Initial Population, report the FIRST value for vital signs (physical exams) resulted within the 24 hours prior to the inpatient admission. If no values were resulted in the 24 hours prior to the admission (for example, for patients directly admitted to the hospital), report the first value resulted within 2 hours after the start of the inpatient admission.

The physical exam CCDEs (Core Clinical Data Elements) are as follows:

Body Temperature

Heart rate

Oxygen saturation (by pulse oximetry)

Systolic blood pressure

For laboratory test results, report the FIRST value resulted within the 24 hours prior to admission. If there are no values in the 24 hours prior to admission, report the first value resulted within 24 hours after the start of the inpatient admission.

The laboratory test CCDEs are as follows:

Bicarbonate (or carbon dioxide, see Bicarbonate Lab Test value set)

Creatinine

Hematocrit

Platelet

Sodium

White blood cell count

First values for the CCDEs may be resulted in the emergency department or other hospital outpatient locations within the hospital facility before a patient is subsequently admitted to the same hospital. First values for these data elements may also be resulted in an inpatient location for directly admitted patients who do not receive care in the emergency department or other hospital outpatient/same day surgery locations before admission.

NOTE: Do not report ALL values on a hospitalization during the entire admission. Only report the FIRST resulted value for EACH CCDE collected in the appropriate timeframe, if available.

For every patient in the Initial Population, also identify payer, race, ethnicity and sex.