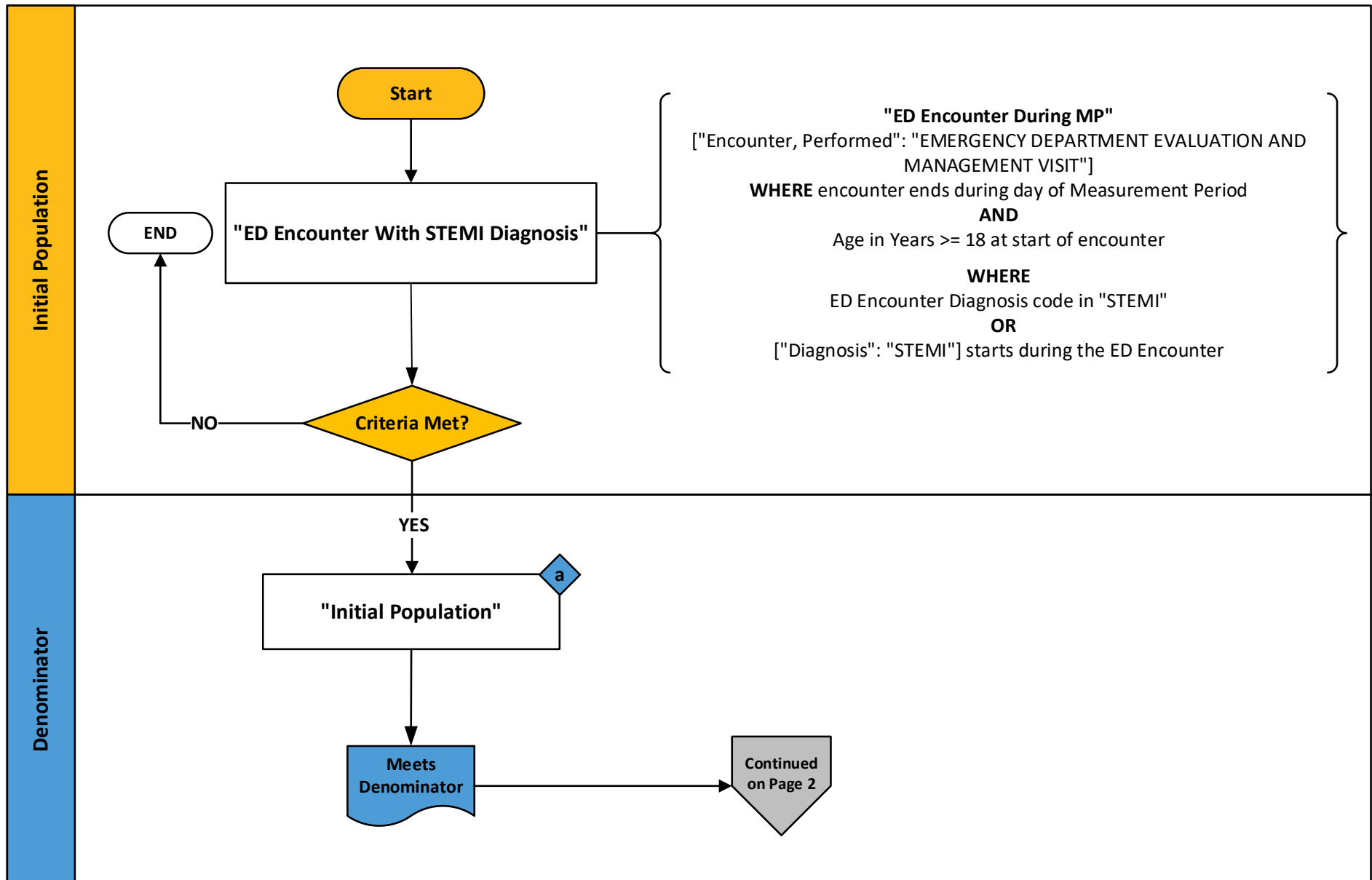


2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

*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.

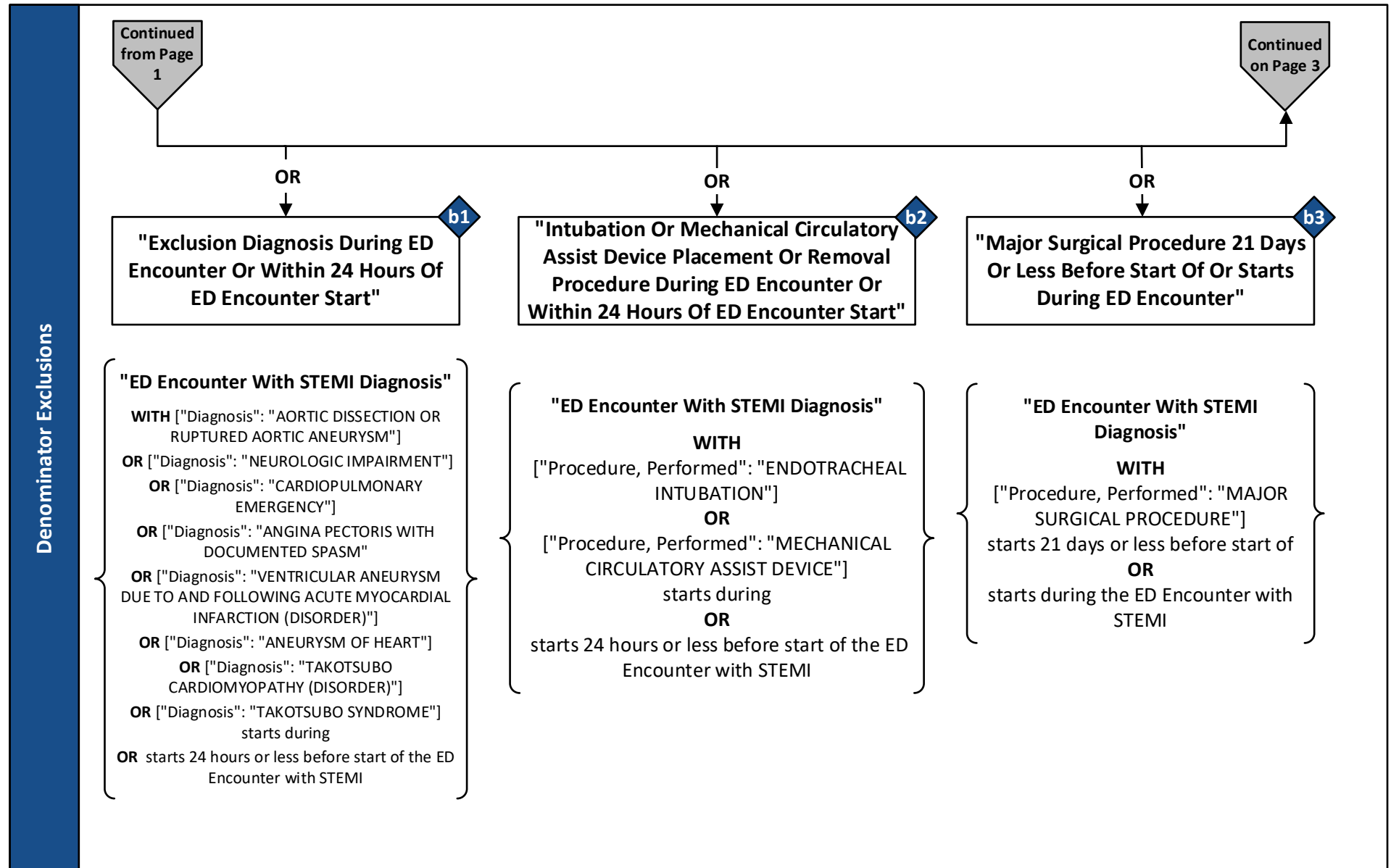
Measure Flow Diagram



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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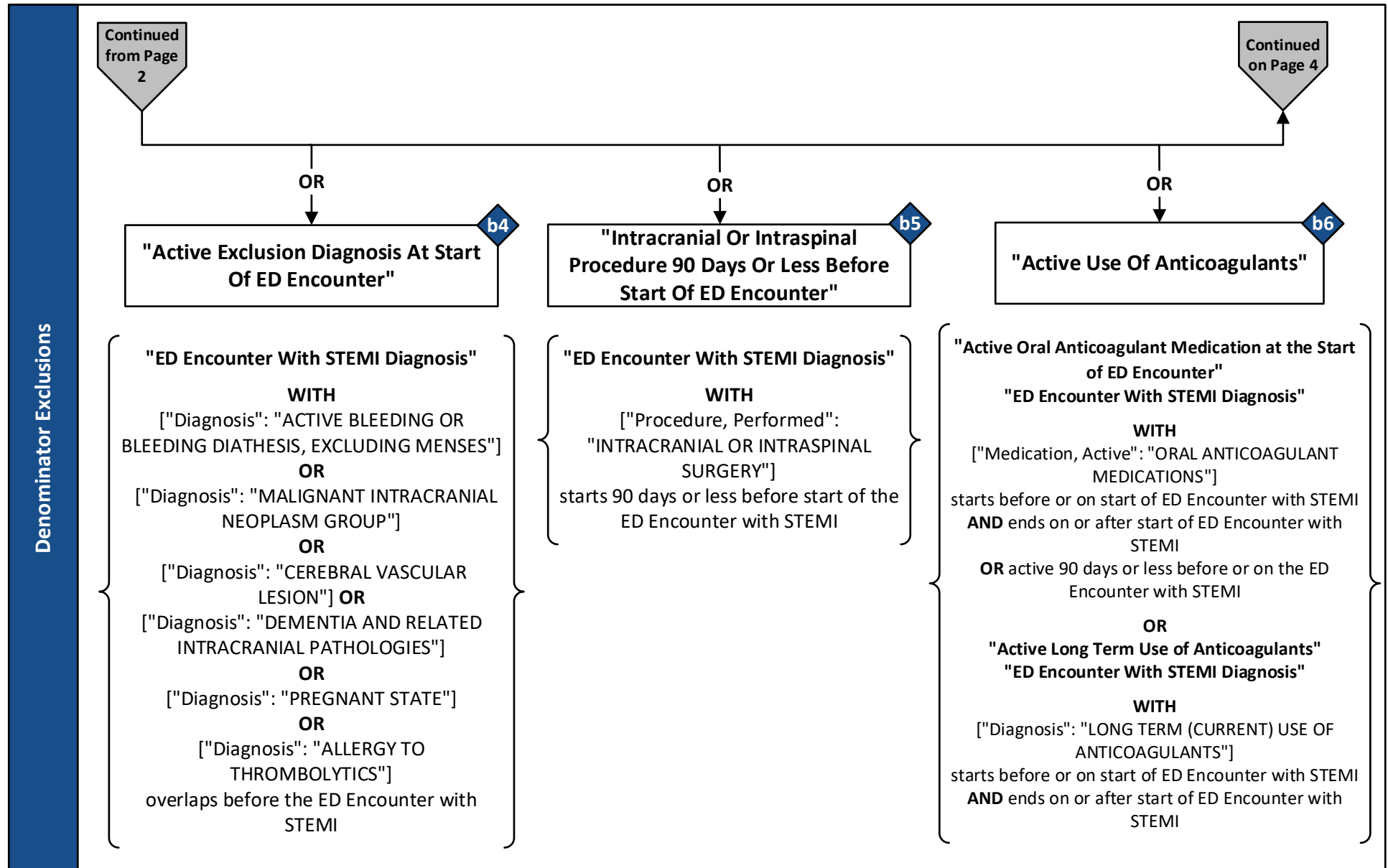
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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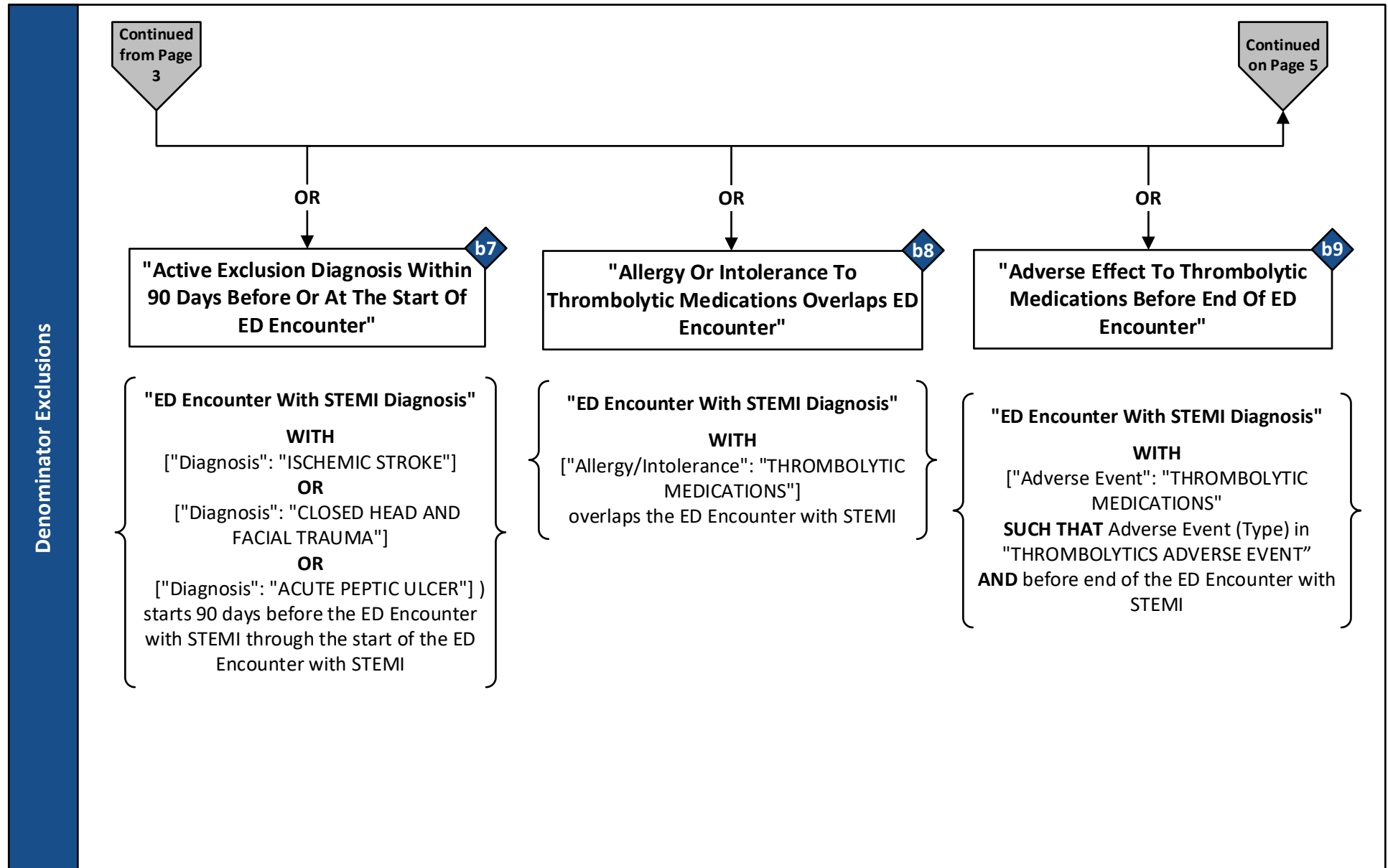
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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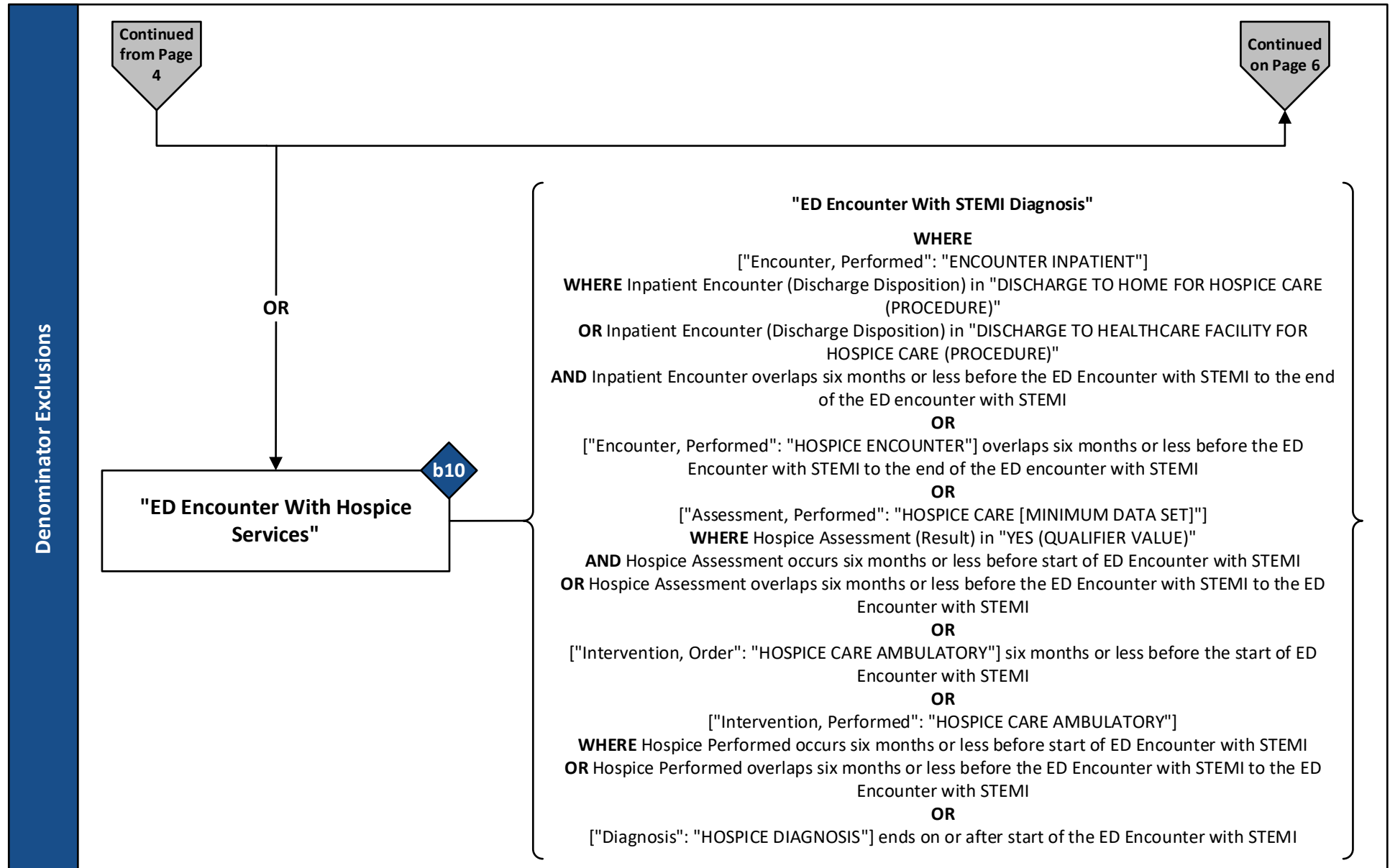
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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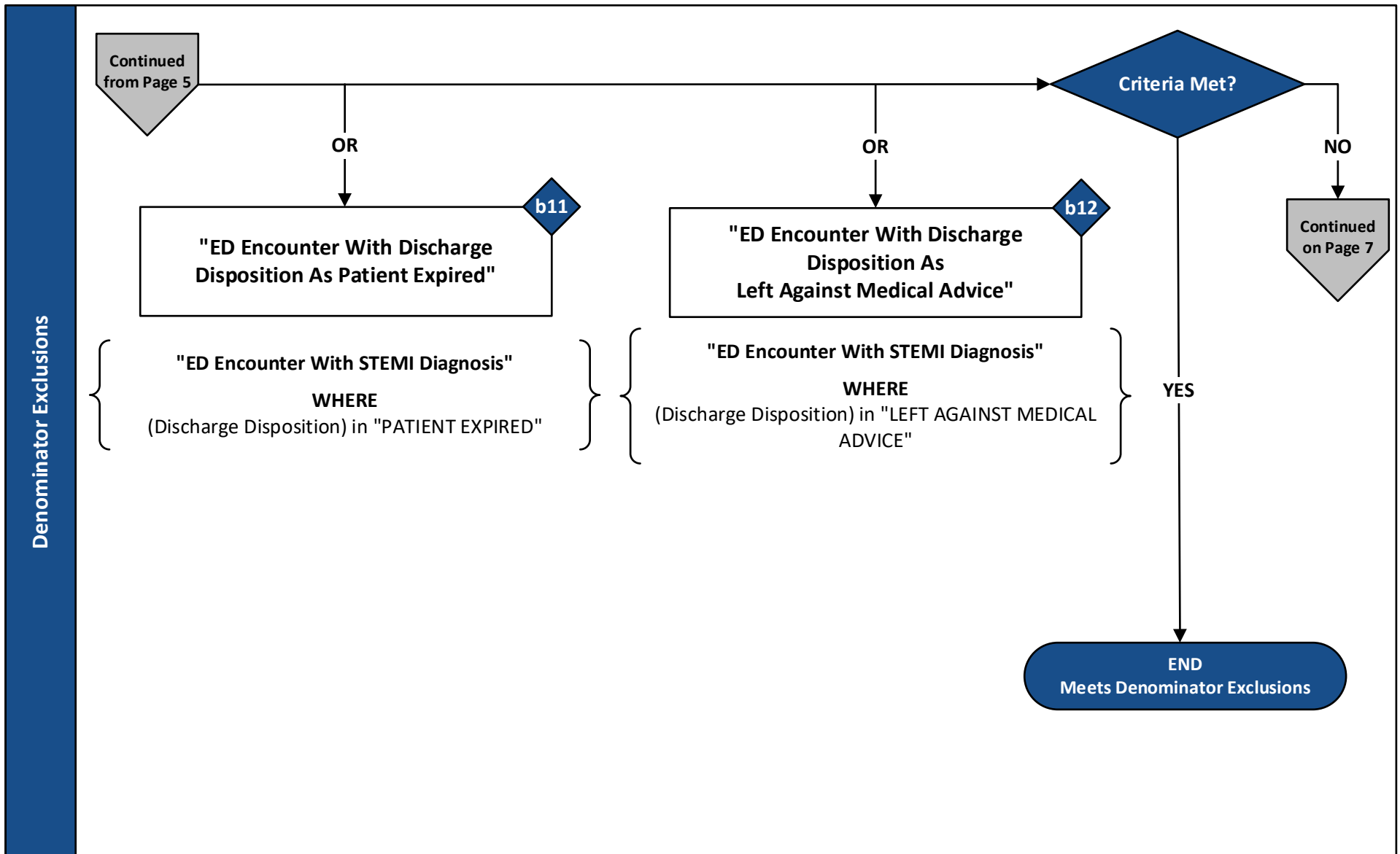
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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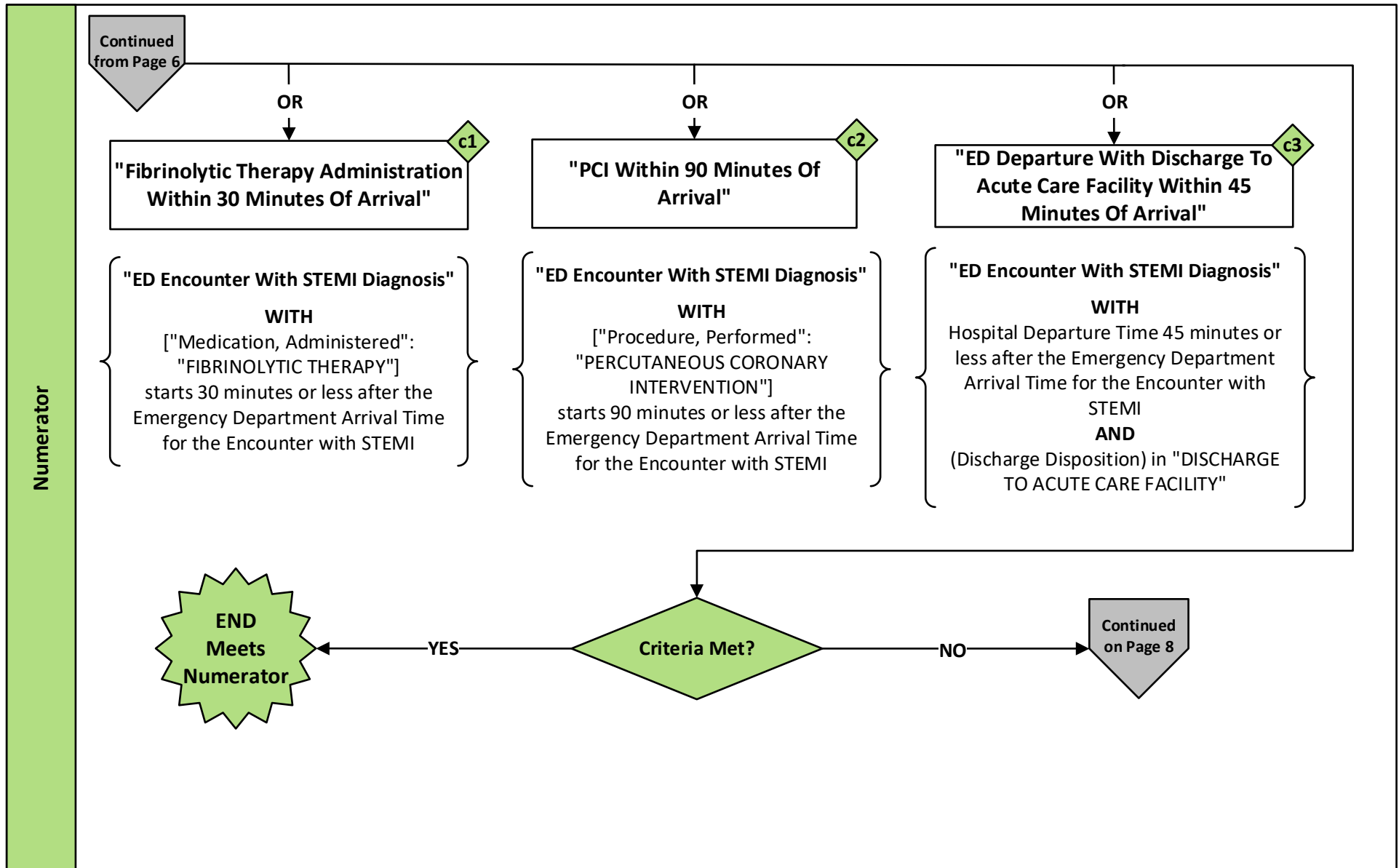
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

*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.

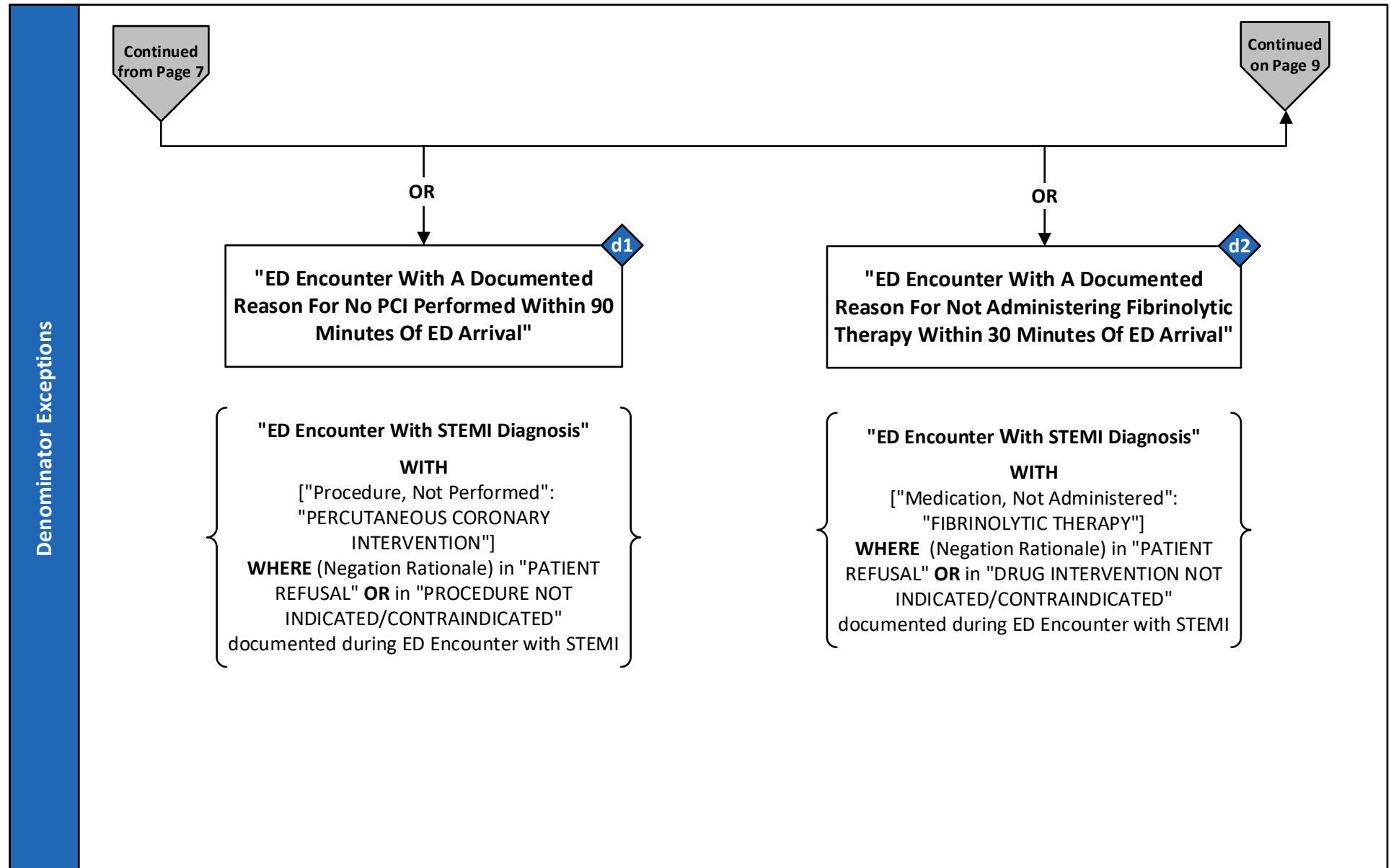
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

*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.

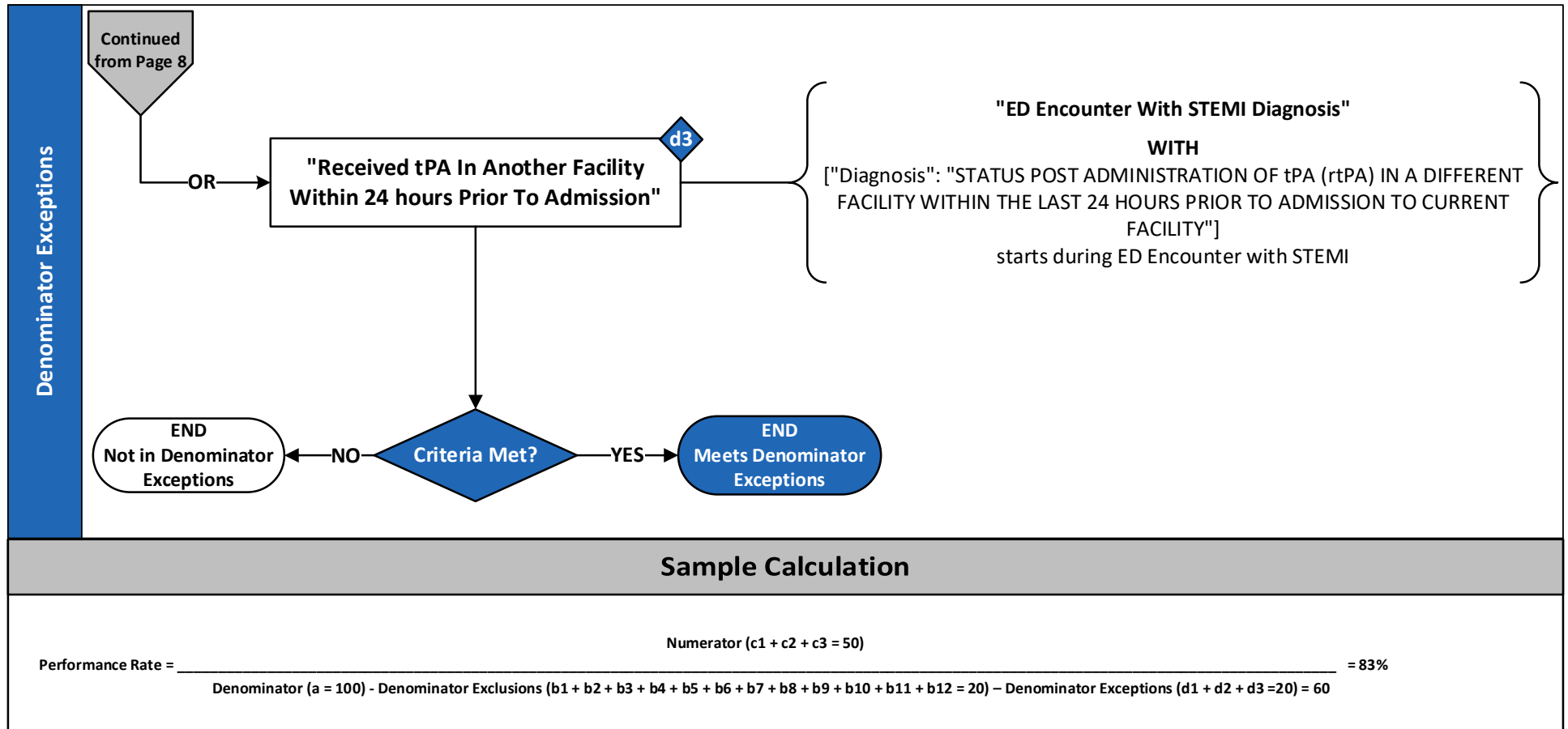
Measure Flow Diagram (Continued)



2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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Measure Flow Diagram (Continued)



2026 eCQM Flow – **CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)** CBE 3613e*

**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	Percentage of emergency department (ED) encounters for patients 18 years and older with a diagnosis of ST-segment elevation myocardial infarction (STEMI) that received appropriate treatment, defined as fibrinolytic therapy within 30 minutes of ED arrival, percutaneous coronary intervention (PCI) within 90 minutes of ED arrival, or discharge to an acute care facility within 45 minutes of ED arrival
Initial Population	All emergency department encounters for patients 18 years and older at the start of the encounter with a diagnosis of ST-segment elevation myocardial infarction (STEMI) during an Emergency Department encounter that ends during the measurement period
Denominator	Equals Initial Population

2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

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Measure Flow Narrative (Continued)

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

Denominator Exclusions	<p>Patients with the following conditions are excluded from measure denominator:</p> <p>At some point during ED encounter:</p> <ul style="list-style-type: none">• Allergic reaction to alteplase, streptokinase, anistreplase, tenecteplase, or reteplase <p>Starts before the start of ED encounter and does not end before ED encounter:</p> <ul style="list-style-type: none">• Bleeding or bleeding diathesis (excluding menses)• Known malignant intracranial neoplasm (primary or metastatic)• Known structural cerebral vascular lesion (e.g., arteriovenous malformation)• Advanced dementia• Pregnancy• Diagnosis of allergy to thrombolytics <p>At the start of ED encounter or within 90 days or less of ED encounter:</p> <ul style="list-style-type: none">• Active oral anticoagulant therapy <p>Occurs 24 hours or less before start of ED encounter or during ED encounter:</p> <ul style="list-style-type: none">• Aortic dissection or ruptured aortic aneurysm, Angina pectoris with documented spasm, Aneurysm of heart, Ventricular aneurysm due to and following acute myocardial infarction, Takotsubo cardiomyopathy or syndrome• Severe neurologic impairment• Mechanical circulatory assist device placement or removal, including: aortic balloon pump, biventricular assist device, intra-aortic balloon, intra-aortic balloon counterpulsation, intra-aortic counterpulsation balloon pump, left ventricular device, percutaneous ventricular assist device, or ventricular assist device• Intubation, including endotracheal intubation, mechanical ventilation, nasotracheal intubation, or orotracheal intubation• Cardiopulmonary arrest, including: cardiac arrest, cardiopulmonary resuscitation (CPR), defibrillation, respiratory arrest, or ventricular fibrillation (V-fib), ventricular tachycardia (VT), or pulseless electrical activity (PEA); or, traumatic or prolonged (>10 minutes) CPR <p>Occurs 21 days or less before start of ED encounter or starts during ED encounter:</p> <ul style="list-style-type: none">• Major surgery <p>Occurs within 90 days before start of or at start of ED encounter:</p> <ul style="list-style-type: none">• Ischemic stroke• Significant facial and/or closed head trauma• Peptic ulcer <p>Occurs 90 days or less before start of ED encounter:</p> <ul style="list-style-type: none">• Intracranial or intraspinal surgery <p>With a discharge disposition of patient expired in the ED</p> <p>With a discharge disposition of left against medical advice</p> <p>With documentation of hospice services in the 6 months within start of ED encounter, or active hospice status at start of ED encounter</p>
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2026 eCQM Flow – CMS996v6: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) CBE 3613e*

**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.

Numerator	Emergency department encounters with a diagnosis of STEMI: <ul style="list-style-type: none">• where time from ED arrival to fibrinolysis is 30 minutes or fewer; OR <ul style="list-style-type: none">• where PCI is performed within 90 minutes of arrival; OR <ul style="list-style-type: none">• where the patient is discharged to an acute care facility within 45 minutes of ED arrival
Denominator Exceptions	Emergency department encounters where the patient received fibrinolytic therapy at another facility within 24 hours Emergency department encounters with a documented reason for not administering fibrinolytic therapy within 30 minutes of ED arrival Emergency department encounters with a documented reason for not performing a PCI within 90 minutes of ED arrival