

The Hybrid Measure Reboot: What's Changed, What's Next, and Why It Matters

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Presenters



Erin Heilman

SVP, Regulatory Affairs, CPHQ

Erin Heilman is a distinguished leader in the healthcare quality regulatory space, known for her innovative approach to simplifying complex regulations. For over a decade, Erin has developed award-winning content, including articles, guides, and tools that empower quality leaders to excel in their reporting obligations.



Kristen Beatson

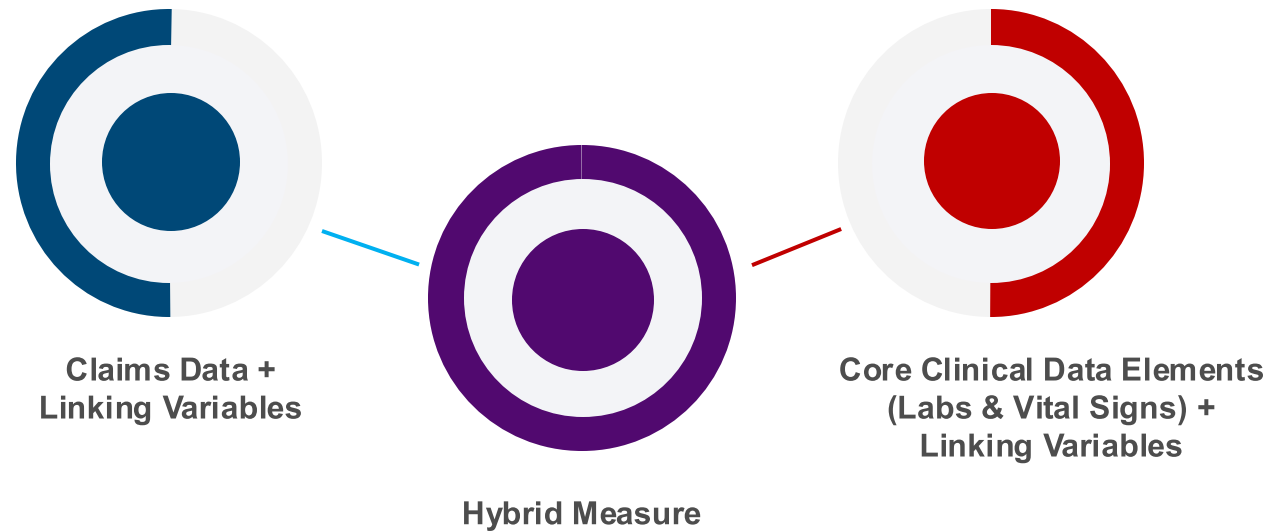
SVP Clinical Quality Improvement, BSN, RN

Kristen Beatson is an accomplished Healthcare IT leader with over 30 years of clinical, informatics and quality improvement experience. As the Senior Vice President of Clinical Quality Improvement at Medisolv, she is highly focused on helping customers harness the transformative power of digital data to optimize operational efficiencies and more importantly, to empower the delivery of superior healthcare.

Agenda

- The Evolution of Hybrid Measures
- Why Preparation Matters
- Navigating the Specification Changes
- Lessons Learned
- Considerations Moving Forward

Hybrid Measures



Why are we still talking about Hybrid Measures?

3/4

Of hospitals that submitted measure data during the 2024
voluntary period (7/1/2022 – 6/30/2023)
did not meet submission thresholds.

(90% of discharges for the CCDEs | 95% of discharges for the linking variables)

Errors in CMS's data
evaluation processes – mis-
evaluated unit of measure for
Platelets (HWM)

Errors in CMS's threshold
calculations – Incorrect
results in hospital specific
reports

The Hybrid Whiplash Effect

A Stop Start History

2022-2023 – Voluntary

2023 – 2024 First Mandatory Year

Fall 2024 – CMS *reversed the* first mandatory year requirement in the OPPS Final Rule:

2023 – 2024 & 2024 – 2025 Voluntary

2025 – 2026 First Mandatory Year...

Mandatory Reporting to CMS IQR

July 1 marked the start of the “first” mandatory hybrid reporting year.

Reporting Year:
7/1/2025 – 6/30/2026

Submission:
Submit 4 quarters of data (data for both measures can be submitted in the same file)
Window 7/1/2026 – 10/1/2026

Threshold Requirements:
CCDEs \geq 90%
Linking Variables \geq 95%

Description	Short Name	CMS ID	Required
Hybrid Hospital Wide Readmission	HWR	529	Yes
Hybrid Hospital Wide Mortality	HWM	844	Yes

IPPS 2026 Proposed Rule Changes

IPPS 2026 Proposed Rule

Proposed Decrease of the Hybrid Measures CCDE and Linking Variable Submission Thresholds Beginning with the FY 2028 Payment Determination –

Applies to reporting period *July 1, 2025 - June 30, 2026*

Proposed Changes

- Reduce submission thresholds for both CCDE and linking variables to $\geq 70\%$
- Lower the number of required CCDE data elements to allow for up to two missing laboratory results and up to two missing vital signs.

*A hospital that submits CCDE and linking variable data for less than 70 percent of applicable patient discharges **or** that submits CCDE data with more than two missing laboratory results or more than two missing vital signs under either hybrid measure would not satisfy the measure's Hospital IQR Program requirements and would receive a one-fourth reduction to its Annual Payment Update (APU) for the applicable fiscal year.*

IPPS 2026 Proposed Rule

- COVID-19 Exclusions

Proposed removal of the COVID-19 exclusion from the Hybrid measures beginning with the FY 2027 (Reporting Year 2025) payment determination. Applies to reporting period *July 1, 2024 - June 30, 2025*

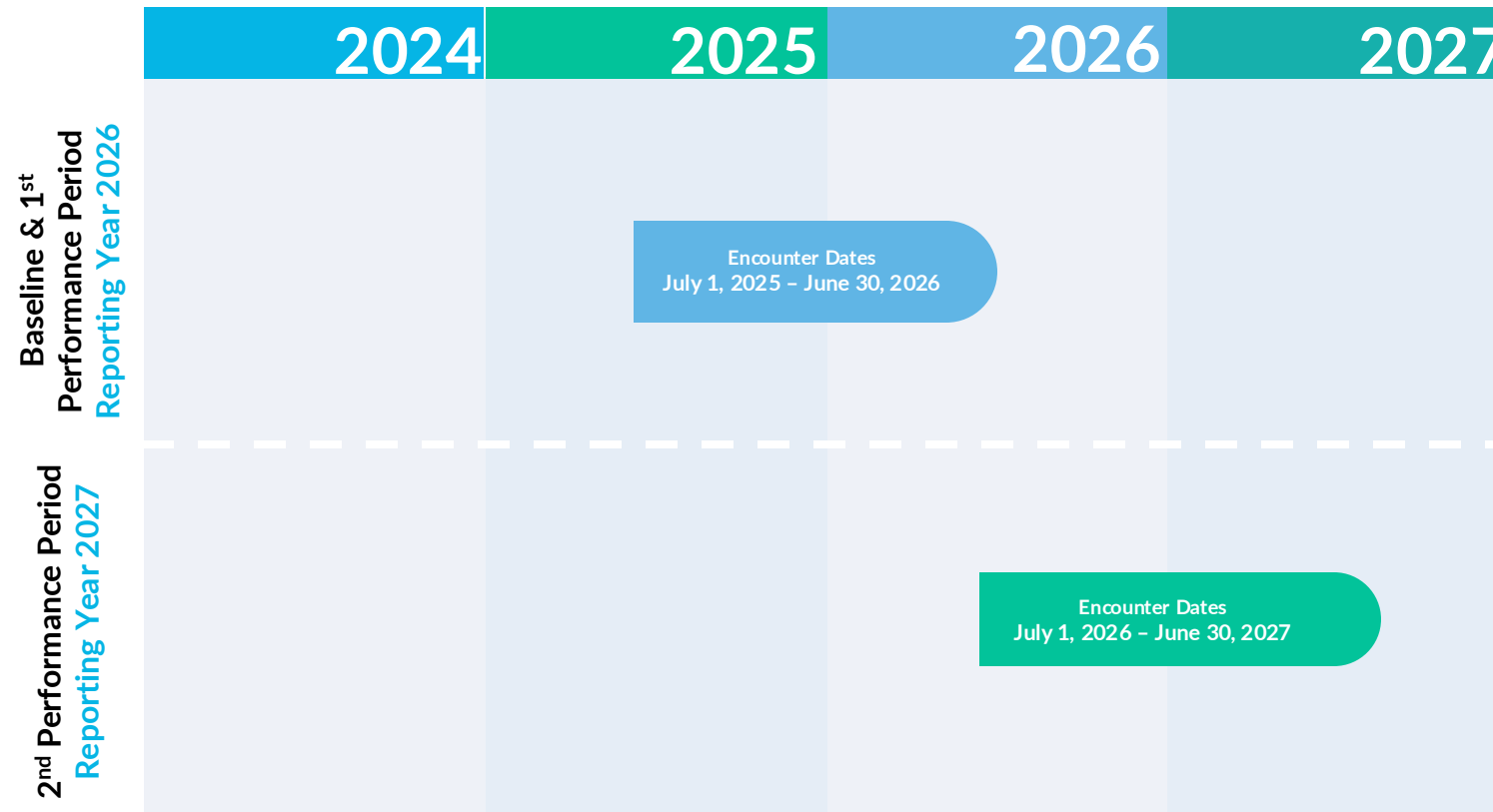
The TEAM Model & the Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)

TEAM Quality Measures

Measure Title	Eligible Episodes	Performance Years (PY)	Sourced From
Hybrid Hospital-Wide Readmission	All	PY 1-5	Inpatient Quality Reporting (IQR)
THA/TKA PRO-PM	LEJR episodes only	PY 1-5	Inpatient Quality Reporting (IQR)
PSI 90	All	PY 1	HAC Reduction Program
HH-Falls w/ Injury	All	PY 2-5	Inpatient Quality Reporting (IQR)
HH-Postoperative Respiratory Failure	All	PY 2-5	Inpatient Quality Reporting (IQR)
Failure to Rescue	All	PY 2-5	Inpatient Quality Reporting (IQR)
Information Transfer PRO-PM	HOPD – LEJR + Spinal Fusion	PY 3-5	Outpatient Quality Reporting (OQR)



Hybrid Readmission Baseline & Performance Periods

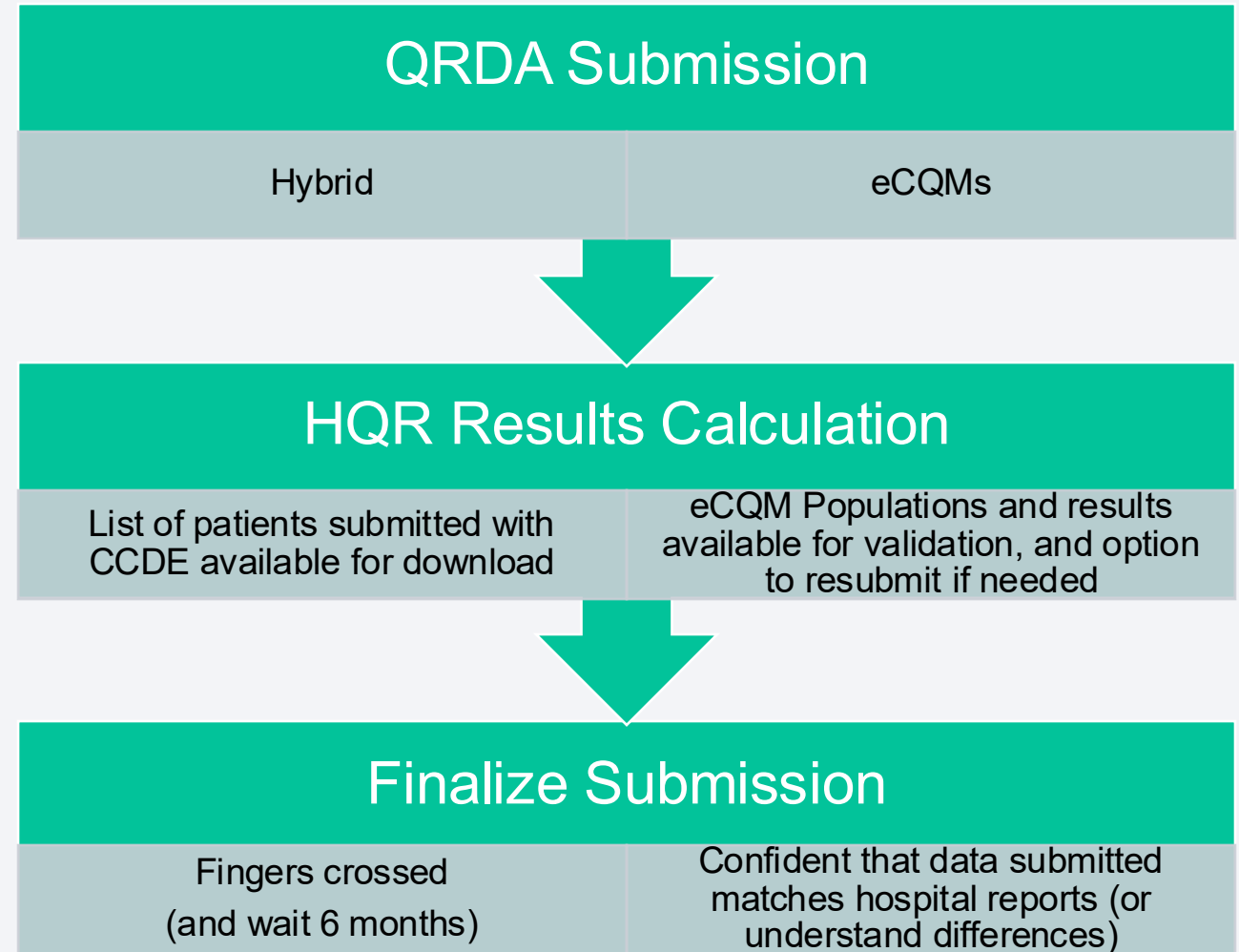


- Performance rate you should aim for: the national result from Care Compare for the comparable claims-based measure is **14.6%**

Submitting in the Dark: No Visibility, No Validation

Submitting in the Dark

- CMS provides no immediate feedback on population alignment or data accuracy.
- Results are shared months later in the hospital specific reports.
- Extremely difficult for hospitals to identify gaps or know whether they're on track to meet the 70% submission threshold.
- By the time hospitals receive and analyze the HSRs, they are well into the next reporting period and it's too late to make significant changes.



Keeping Up with the Changes

The only constant in Hybrid Reporting

Each year has introduced significant annual updates across linking variables, logic, CCDE requirements and more. Missing any of these changes can impact your ability to meet threshold requirements.

Hybrid Measures: Time to Re-Engage

Efforts may have lapsed during the voluntary period.

Annual specification updates require active monitoring.

Ensure mapping, workflows, and submissions are accurate.

Hybrid Specification Changes

Reporting Year 7/1/2025 – 7/1/2026

7/1/2025 – 6/30/2026 LINKING VARIABLES

- All encounters submitted to CMS in the Hybrid QRDA files must include all linking variables.
- If the variables are not included or do not align with the same variables in the Claim, the CCDE data for the patient will not be able to be linked to the claim and the patient will "fail" the measure.

1. **CCN**
2. **MBI**
3. **NPI** – *Hospitals are not required to submit NPI as long as CCN is submitted.*
4. **Inpatient Admission Date**
5. **Inpatient Discharge Date**

CMS 529 / HWR: Hybrid Hospital-Wide Readmission

Reporting Year 7/1/2025 – 6/30/2026

Measure Changes

1

Addition of Outpatient Surgery Service Encounter – new encounter mapping required. Evaluates data documented during the outpatient surgery encounter and must be within an hour of subsequent encounter. The following will be considered:

- OutPt Surgery → ED → IN
- OutPt Surgery → IN
- OutPt Surgery → OBS → IN
- OutPt Surgery → ED → OBS → IN

2

Removal of timeframe for weight documentation - The logic now supports evaluation of the **first resulted weight** recorded during the hospitalization, which may be prior to, or during admission.

3

Addition of logic to exclude the CCDE documentation if first result is null

4

OID changed for Heart Rate but no code changes

5

Units of Measure Removed - *These are no longer accepted by CMS*

- umol/L (Creatinine)
- /mm3 (WBCs)

6

Linking Variables

- Addition of National Provider Identification (NPI) for Medicare Advantage patients (not needed if CCN is present)
- Removal of DOB and Sex

7

Outpatient Surgery Service

- Addition of value set: 2.16.840.1.113762.1.4.1110.38
- SNOMED CT Codes: 110468005, 709063003, and 711580002

CMS 529 / HWR

Reporting Year 7/1/2025 – 6/30/2026

Units of Measure Guidance:

Core Clinical Data Element	Unified Code for Units of Measure
Bicarbonate	meq/L mmol/L
Creatinine	mg/dL
Glucose	mg/dL mmol/L
Heart Rate	{Beats}/min
Hematocrit	%
Oxygen saturation (by pulse oximetry)	%{Oxygen}
Potassium	meq/L mmol/L
Respiratory Rate	{Breaths}/min
Sodium	meq/L mmol/L
Systolic Blood Pressure	mm[Hg]
Temperature	Cel [degF]
Weight	kg [lb_av] g
White blood cell count	{Cells}/uL 10 ³ /uL 10 ⁹ /L

CMS 529 / HWR

REPORTING YEAR 7/1/2025 – 6/30/2026

Initial Population

- Age \geq 65 years
- Acute care hospital Inpatient Encounter
- Length of stay < 365 days
- Medicare Advantage or Medicare FFS (primary, secondary...)
- Discharge during Measurement Period

Core Clinical Data Elements (CCDEs)

- The Core Clinical Data Elements (CCDEs) are evaluated for submission based on the timing requirements below. The first instance of documentation that meets these requirements is included and if no documentation meets the timing requirements, then nothing is included in the file for the data element.
- CCDE Documentation must occur within:
 - 24 hours prior to the start of the Inpatient Encounter (Labs & Vitals)
 - 2 hours after the start of the Inpatient Encounter (Vitals)
 - 24 hours after the start of the Inpatient Encounter (Labs)
 - First resulted during the hospitalization (Weight)

Labs

- Bicarbonate lab test
- Creatinine lab test
- Glucose lab test
- Hematocrit lab test
- Potassium lab test
- Sodium lab test
- White blood cells count lab test

Vitals

- Body Temperature
- Body Weight
- Heart Rate
- Oxygen Saturation by Pulse Oximetry
- Respiratory Rate
- Systolic Blood Pressure

CMS 529 / HWR

REPORTING YEAR 7/1/2025 – 6/30/2026

IP	Data Element	Data Capture Workflow	Code Type
	Inpatient Encounter (ED, OBS, OP Surg)	Admission/Registration	SNOMED
	Medicare Advantage payer	Admission/Registration	SOP
	Medicare FFS payer	Admission/Registration	SOP

CCDEs	Data Elements	Data Capture Workflow	Code Type
	Body Temperature Body Weight Heart Rate Oxygen Saturation by Pulse Oximetry Respiratory Rate Systolic Blood Pressure	Clinical Documentation	LOINC
	Bicarbonate lab test Creatinine lab test Glucose lab test Hematocrit lab test Potassium lab test Sodium lab test White blood cells count lab test	Lab	LOINC

CMS 844 / HWM: Hybrid Hospital-Wide Mortality

Reporting Year 7/1/2025 – 6/30/2026

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- OutPt Surgery → IN
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- OutPt Surgery → ED → OBS → IN

2

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Units of Measure Removed - *These are no longer accepted by CMS*

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- Addition of National Provider Identification (NPI) for Medicare Advantage patients (not needed if CCN is present)
- Removal of DOB and Sex

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Outpatient Surgery Service

- Addition of value set:
2.16.840.1.113762.1.4.1110.38
SNOMED CT Codes: 110468005, 709063003,
and 711580002

CMS 844 / HWM

Reporting Year 7/1/2025
– 6/30/2026

Units of Measure Guidance:

Core Clinical Data Element	Unified Code for Units of Measure
Bicarbonate	meq/L mmol/L
Creatinine	mg/dL
Heart Rate	{Beats}/min
Hematocrit	%
Oxygen saturation (by pulse oximetry)	%
Platelet	$10^3/\mu\text{L}$
Sodium	meq/L mmol/L
Systolic Blood Pressure	mm[Hg]
Temperature	Cel [degF]
White blood cell count	{Cells}/ μL $10^3/\mu\text{L}$ $10^9/\text{L}$

CMS 844 / HWM

Reporting Year 7/1/2025 – 6/30/2026

Initial Population

- Age \geq 65 years to 94 years
- Acute care hospital Inpatient Encounter
- Length of stay < 365 days
- Medicare Advantage or Medicare FFS (primary, secondary...)
- Discharge during Measurement Period

Core Clinical Data Elements (CCDEs)

- The Core Clinical Data Elements (CCDE's) are evaluated for submission based on the timing requirements below. The first instance of documentation that meets these requirements is included and if no documentation meets the timing requirements, then nothing is included in the file for the data element.
- CCDE Documentation must occur within:
 - 24 hours **prior** to the start of the Inpatient Encounter (Labs & Vitals)
 - 2 hours **after** the start of the Inpatient Encounter (Vitals)
 - 24 hours **after** the start of the Inpatient Encounter (Labs)

Labs

- Bicarbonate lab test
- Creatinine lab test
- Hematocrit lab test
- Platelet count lab test
- Sodium lab test
- White blood cells count lab test

Vitals

- Body Temperature
- Heart Rate
- Oxygen Saturation by Pulse Oximetry
- Systolic Blood Pressure

CMS 844 / HWM

REPORTING YEAR 7/1/2025 – 6/30/2026

IP	Data Element	Data Capture Workflow	Code Type
	Inpatient Encounter (ED, OBS, OP Surg)	Admission/Registration	SNOMED
	Medicare Advantage payer	Admission/Registration	SOP
	Medicare FFS payer	Admission/Registration	SOP

CCDEs	Data Elements	Data Capture Workflow	Code Type
	Body Temperature Heart Rate Oxygen Saturation by Pulse Oximetry Systolic Blood Pressure	Clinical Documentation	LOINC
CCDEs	Bicarbonate lab test Creatinine lab test Hematocrit lab test Platelet count lab test Sodium lab test White blood cells count lab test	Lab	LOINC

Hybrid Specification Changes

Reporting Year 7/1/2026 – 6/30/2027

Reporting Year 7/1/2026 – 6/30/2027

Linking Variables

- All encounters submitted to CMS in the Hybrid QRDA files must include all linking variables. If the variables are not included or do not align with the same variables in the Claim, the CCDE data for the patient will not be able to be linked to the claim and the patient will "fail" the measure.
1. CCN
 2. MBI
 3. Inpatient Admission Date
 4. Inpatient Discharge Date

CMS 529 / HWR: Hybrid Hospital-Wide Readmission

Reporting Year 7/1/2026 – 7/1/2027

Measure Changes

1

New Supplemental Data Element:

Patients who arrive at the hospital on oxygen therapy will be flagged in the logic and the information will be incorporated into the risk adjustment models. Oxygen start time must be within 60 minutes of the start of the ED visit.

2

Linking Variables

- Removal of NPI

3

New Value Sets – Requires Mapping + Workflow Review

- Non-Invasive Oxygen Therapy Device Codes(2.16.840.1.113762.1.4.1170.5)
- Non-Invasive Oxygen Therapy by Nasal Cannula or Mask (2.16.840.1.113762.1.4.1248.209)

4

Now designated as an Outcome measure

5

“Bad” values (NP, QNS) are ignored:

The next valid result is used as the first as long as it meets timing requirements.

6

Changes to UOM: For each CCDE, it is recommended that hospitals report units as indicated in the specification, however, any units may be submitted. If the reported unit is not easily converted to the specification units, *the value will be set to missing and the national median value reported for that CCDE will be imputed.*

Removal of timing requirements for CCDEs –

Vitals and labs can now be documented at any time during the hospitalization.

The first instance of documentation is still reported/evaluated.

Includes values captured after inpatient admission and prior to inpatient admission, for example from the emergency department, **pre-operative**, or other outpatient areas associated with the hospital.

CMS 529 / HWR

Reporting Year 7/1/2026 – 7/1/2027

Units of Measure Guidance:

Core Clinical Data Element	Unified Code for Units of Measure
Bicarbonate	meq/L mmol/L
Creatinine	mg/dL
Glucose	mg/dL mmol/L
Heart Rate	{Beats}/min
Hematocrit	%
Oxygen saturation (by pulse oximetry)	%{Oxygen}
Potassium	meq/L mmol/L
Respiratory Rate	{Breaths}/min
Sodium	meq/L mmol/L
Systolic Blood Pressure	mm[Hg]
Temperature	Cel [degF]
Weight	kg [lb_av] g
White blood cell count	{Cells}/uL 10*3/uL 10*9/L

CMS 529 / HWR

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Initial Population

- Age \geq 65 years
- Acute care hospital Inpatient Encounter
- Length of stay < 365 days
- Medicare Advantage or Medicare FFS (primary, secondary...)
- Discharge during Measurement Period

Core Clinical Data Elements (CCDEs)

- CCDE Documentation must occur during hospitalization. The first instance of documentation that meets these requirements is included in the QRDA file and if no documentation is found, then nothing is included in the file for the data element.

Labs

- Bicarbonate lab test
- Creatinine lab test
- Glucose lab test
- Hematocrit lab test
- Potassium lab test
- Sodium lab test
- White blood cells count lab test

Vitals

- Body Temperature
- Body Weight
- Heart Rate
- Oxygen Saturation by Pulse Oximetry
- Respiratory Rate
- Systolic Blood Pressure

Additional Data Element:

Oxygen 60 Minutes Or Less Prior To ED Admission Or During ED

- Intervention ordered
- Intervention performed
- Device ordered

CMS 529 / HWR

REPORTING YEAR 7/1/2026 – 7/1/2027

IP	Data Element	Data Capture Workflow	Code Type
	Inpatient Encounter (ED, OBS, OP Surg)	Admission/Registration	SNOMED
	Medicare Advantage payer	Admission/Registration	SOP
	Medicare FFS payer	Admission/Registration	SOP

CCDEs	Data Elements	Data Capture Workflow	Code Type
	Body Temperature Body Weight Heart Rate Oxygen Saturation by Pulse Oximetry Respiratory Rate Systolic Blood Pressure	Clinical Documentation	LOINC
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Additional Data Element	Data Element	Data Capture Workflow	Code Type
	Non-Invasive Oxygen Therapy by Nasal Cannula or Mask – Intervention order	Order	SNOMED
	Non-Invasive Oxygen Therapy by Nasal Cannula or Mask – Intervention performed	Clinical Documentation	SNOMED
	Non-Invasive Oxygen Therapy Device Ordered	Order	SNOMED

CMS 844 / HWM: Hybrid Hospital-Wide Mortality

Reporting Year 7/1/2026 – 6/30/2027

Measure Changes

1

Patients who arrive at the hospital on **oxygen therapy** **will be flagged in the logic** and the information will be incorporated into the risk adjustment models

- Oxygen start time must be within 60minutes of the ED start of the ED visit.

2

Removal of timing requirements for CCDEs –

- Vitals and labs can now be documented at any time during the hospitalization.
- The first instance of documentation is still reported/evaluated.

3

New Value Sets – Requires Mapping + Workflow Review

- Oxygen Saturation by Pulse Oximetry (2.16.840.1.113762.1.4.1045.151)
- Non-Invasive Oxygen Therapy by Nasal Cannula or Mask (2.16.840.1.113762.1.4.1248.209)

4

Now designated as an Outcome measure

5

Null or bad values (NP, QNS) are ignored, and the next valid result is used as the “first” as long as it meets timing requirements.

6

Changes to UOM: For each CCDE, it is recommended that hospitals report units as indicated in the specification, however, **any units may be submitted**. If the reported unit is not easily converted to the specification units, *the value will be set to missing and the national median value reported for that CCDE will be imputed.*

7

Linking Variables

- Removal of NPI

CMS 844 / HWM

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Sodium	meq/L mmol/L
Systolic Blood Pressure	mm[Hg]
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White blood cell count	{Cells}/uL 10 ³ /uL 10 ⁹ /L

CMS 844 / HWM

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- Sodium lab test
- White blood cells count lab test

Vitals

- Body Temperature
- Heart Rate
- Oxygen Saturation by Pulse Oximetry
- Systolic Blood Pressure

Additional Data Element:

Oxygen 60 Minutes Or Less Prior To ED Admission Or During ED

- Intervention ordered
- Intervention performed
- Device ordered

CMS 529 / HWR

REPORTING YEAR 7/1/2026 – 7/1/2027

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CCDEs	Data Elements	Data Capture Workflow	Code Type
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Additional Data Element	Data Element	Data Capture Workflow	Code Type
	Non-Invasive Oxygen Therapy by Nasal Cannula or Mask – Intervention order	Order	SNOMED
	Non-Invasive Oxygen Therapy by Nasal Cannula or Mask – Intervention performed	Clinical Documentation	SNOMED
	Non-Invasive Oxygen Therapy Device Ordered	Order	SNOMED

Exclusions

HWR: Inclusions & Exclusions

- These are applied by CMS based on Claims data and are NOT a part of the HWR / HWM specifications.
- [HWR Methodology](#) (April 2025)

HWR Inclusions

- Enrolled in Medicare FFS Part A for the 12 months prior to the date of the index admission and during the index admission (not applicable to VA hospitalizations)
- Discharged alive from a non-federal short-term acute care hospital or VA hospital
- Not transferred to another acute care facility

HWR Exclusions

- Admitted to a PPS-exempt cancer
- Without at least 30 days of post-discharge enrollment in Medicare FFS (not applicable to VA hospitalizations)
- Discharged against medical advice
- Admitted for primary psychiatric diagnoses
- Admitted for rehabilitation o Rationale
- Admitted for medical treatment of cancer. Patients with cancer admitted for other diagnoses or for surgical treatment of their cancer remain in the measure

HWM: Inclusions & Exclusions

- These are applied by CMS based on Claims data and are NOT a part of the HWR / HWM specifications.
- [HWM Methodology](#) (April 2025)

HWM Inclusions

- Enrolled in Medicare FFS Part A for the 12 months prior to the date of the index admission and during the index admission
- Not transferred from another acute care facility

HWM Exclusions

- Enrolled in the Medicare hospice program any time in the 12 months prior to the index admission
- Enrolled in the Medicare hospice program on the first, second, or third day of the index admission
- With a principal diagnosis of cancer and enrolled in the Medicare hospice program any time during the index admission
- With a principal or secondary diagnosis of metastatic cancer
- With a select principal diagnosis or a secondary diagnosis POA for which hospitals have limited ability to influence survival
- With a principal diagnosis of crush injury, burn, spinal cord injury, skull and face fracture, or open wound of the head, neck, and trunk
- Admitted with a psychiatric principal diagnosis or admitted for rehabilitation
- With inconsistent or unknown vital status
- Discharged against medical advice

Lessons Learned



A Hybrid Action Plan

Know your Medicare population

Audit planning as a part of annual process

Reports for tracking are a must-have

Feedback to CMS – need reports upon submission for electronic data accuracy

Validate payer mapping includes MA

Audit all mappings against new specifications

Ensure complete and accurate QRDA linking variables.

Future Considerations



The hybrid measure specifications will be adjusted as CMS learns more



The role of hybrid measures is set to grow



CMS now explicitly calls Hybrid measures 'Outcome' measures. Reinforces their use in readmission and mortality evaluation and measurement.



FHIR based eCQM on tap? Community-Onset Sepsis – 30-Day Mortality

Professional Development (CE Credits!)

1 CPHQ CE Credit

Directions for claiming credits:

- Attendees must self-report the CE they earned into their current recertification cycle
- Self-report using the certificate of attendance you will receive in our webinar follow up email

The Medisolv Minute: Hybrid Webinar Q&A

- **August 22, 2025 at 10:00 AM EST**
- Answering Q&A from today's webinar
- Link to add to calendar will be sent in webinar follow up email



Questions?

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