The Quality Reference Guide (QRG) 2026

Our QRG has been developed to help our network providers navigate and understand HEDIS®, reference commonly used codes, and maintain patient safety and preventive care through simplified measures.

The QRG serves educational purposes and may not encompass all details about HEDIS measures. The content within this document is sourced from the National Committee for Quality Assurance (NCQA) Technical Specifications for HEDIS Measures. Its primary aim is to equip providers and their affiliates with a comprehensive grasp of HEDIS measures and associated information.

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7868251-1-01

The content in the QRG is subject to modifications in line with directives from the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), as well as state regulations and suggestions. It is advisable to consult the relevant agency for further billing guidance to ascertain the eligibility of codes before submission. The provided list of codes is not exhaustive and remains susceptible to alterations, deletions, or removals. This document does not serve as a substitute for professional coding standards, and additional codes that fulfill exclusion criteria or ensure numerator compliance may be necessary.

Quality HEDIS® measures

The table below facilitates navigation to the relevant HEDIS measure page, offering a breakdown of the lines of businesses associated with each measure.

Acronym	Quality measure	Medicare	Medicaid	FEHB	Commercial	SNP	Medicare Star	Page
Prevention and screening								
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents *		♥		♥			10
CHL	Chlamydia Screening		♥		♥			10

Medicare-Medicaid (MMP) plans is no longer a reporting option for MY 2026. ***Hybrid measure**

Acronym	Quality measure	Medicare	Medicaid	FEHB	Commercial	SNP	Medicare Star	Page
COA	Care for Older Adults *					♥	♥	11
OED	Oral Evaluation, Dental Services		♥					12
TFC	Topical Fluoride for Children		♥					13
Respiratory conditions								
CWP	Appropriate Testing for Pharyngitis		♥		♥			13
PCE	Pharmacotherapy Management of COPD Exacerbation	♥	♥		♥	♥		14
Cardiovascular conditions								
CBP	Controlling High Blood Pressure *	♥	♥	♥	♥	♥	♥	14-15
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	♥	♥		♥	♥		16
Diabetes								
GSD	Glycemic Status Assessment for Patients with Diabetes *	♥	♥	♥	♥	♥	♥	17
BPD	Blood Pressure Control for Patients with Diabetes *	♥	♥		♥	♥		18
EED	Eye Exam for Patients with Diabetes	♥	♥		♥	♥	♥	19
KED	Kidney Health Evaluation for Patients with Diabetes	♥	♥		♥	♥	♥	20
Musculoskeletal conditions								
OMW	Osteoporosis Management in Women Who Had a Fracture	♥				♥	♥	21
Behavioral health								
FUH	Follow-Up After Hospitalization for Mental Illness	♥	♥		♥	♥		22
FUM	Follow-Up After Emergency Department Visit for Mental Illness	♥	♥	♥	♥	♥		23
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder	♥	♥		♥	♥		24
FUA	Follow-Up After Emergency Department Visit for Substance Use	♥	♥	♥	♥	♥		25
POD	Pharmacotherapy for Opioid Use Disorder	♥	♥		♥	♥		26
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		♥					26
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia		♥					27
SMC	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia		♥					28
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	♥	♥		♥	♥		28-29
Care coordination								
ACP	Advance Care Planning	♥				♥		30
TRC	Transitions of Care (TRC) *	♥				♥	♥	31-32
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	♥				♥	♥	33
Overuse/appropriateness								
URI	Appropriate Treatment for Upper Respiratory Infection	♥	♥		♥	♥		34
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	♥	♥	♥	♥	♥		34
LBP	Use of Imaging Studies for Low Back Pain	♥	♥	♥	♥	♥		35-36

Medicare-Medicaid (MMP) plans is no longer a reporting option for MY 2026. ***Hybrid measure**

Acronym	Quality measure	Medicare	Medicaid	FEHB	Commercial	SNP	Medicare Star	Page
HDO	Use of Opioids at High Dosage	♥	♥		♥	♥		36
UOP	Use of Opioids from Multiple Providers	♥	♥	♥	♥	♥		37
COU	Risk of Continued Opioid Use	♥	♥	♥	♥	♥		37
Measures collected through the Medicare Health Outcomes Survey (HOS)								
HOS	Medicare Health Outcomes Survey	♥				♥	♥	38
FRM	Fall Risk Management	♥				♥	♥	38
MUI	Management of Urinary Incontinence in Older Adults	♥				♥	♥	39
PAO	Physical Activity in Older Adults	♥				♥	♥	39
Access/availability of care measures								
AAP	Adults' Access to Preventive/Ambulatory Health Services (AAP)	♥	♥		♥			40
IET	Initiation and Engagement of Substance Use Disorder Treatment	♥	♥		♥	♥		41
PPC	Prenatal and Postpartum Care		♥	♥	♥			42
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		♥		♥			43
Utilization measures								
W30	Well-Child Visits in the First 30 Months of Life		♥	♥	♥			43
WCV	Child and Adolescent Well-Care Visits		♥		♥			44
AXR	Antibiotic Utilization for Respiratory Conditions	♥	♥		♥	♥		44
Risk-adjusted utilization measures								
PCR	Plan All-Cause Readmissions	♥	♥	♥	♥	♥	♥	45
HFS	Hospitalization Following Discharge from a Skilled Nursing Facility	♥				♥		46
HFC	Acute Hospitalizations Following Outpatient Colonoscopy ~	♥				♥		46
HFG	Acute Hospitalizations Following Outpatient General Surgery ~	♥				♥		47
HFO	Acute Hospitalizations Following Outpatient Orthopedic Surgery ~	♥				♥		47
HFU	Acute Hospitalizations Following Outpatient Urologic Surgery ~	♥				♥		48
AHU	Acute Hospital Utilization	♥	♥	♥	♥	♥		48-49
EDU	Emergency Department Utilization	♥		♥	♥	♥		49
HPC	Hospitalization for Potentially Preventable Complications	♥				♥		50-51
EDH	Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes	♥				♥		51
Part D measures								
RA-ADH-DIAB	Risk Adjustment Medication Adherence for Diabetes Medication	♥				♥	♥	52
RA-ADH-RASA	Risk Adjustment Medication adherence for Hypertension	♥				♥	♥	52-53
RA-ADH-STATIN	Risk Adjustment Medication Adherence for Cholesterol	♥				♥	♥	53
POLY-ACH	Use of Multiple Anticholinergic Medications in Older Adults	♥	♥		♥	♥	♥	54

Medicare-Medicaid (MMP) plans is no longer a reporting option for MY 2026. ***Hybrid measure,**
♥Medicare Advantage Organization**~** New measure for 2026 measurement year,

Acronym	Quality measure	Medicare	Medicaid	FEHB	Commercial	SNP	Medicare Star	Page
COB	Concurrent Use of Opioids and Benzodiazepines	♥	♥		♥	♥	♥	54
SUPD	Statin Use in Persons with Diabetes	♥	♥		♥	♥	♥	55
Measures reported using Electronic Clinical Data Systems (ECDS)								
CIS-E	Childhood Immunization Status		♥	♥	♥			56-57
IMA-E	Immunizations for Adolescents		♥		♥			58
LSC-E	Lead Screening in Children **		♥					59
BCS-E	Breast Cancer Screening	♥	♥	♥	♥	♥	♥	59-60
DBM-E	Documented Assessment After Mammogram	♥	♥		♥	♥		61
FMA-E	Follow-Up After Abnormal Mammogram Assessment	♥	♥		♥	♥		61
CCS-E	Cervical Cancer Screening		♥	♥	♥			62
COL-E	Colorectal Cancer Screening	♥	♥	♥	♥	♥	♥	63
AAF-E	Follow-Up After Acute and Urgent Care Visits for Asthma ~		♥		♥			64
BPC-E	Blood Pressure Control for Patients with Hypertension	♥	♥		♥	♥		65-66
SPC-E	Statin Therapy for Patients with Cardiovascular Disease **	♥	♥	♥	♥	♥		67
BPD-E	Blood Pressure Control for Patients with Diabetes	♥	♥		♥	♥		68
SPD-E	Statin Therapy for Patients with Diabetes **	♥	♥		♥	♥		69
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication		♥		♥			70
APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics		♥		♥			71
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults	♥	♥		♥	♥		72
DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	♥	♥		♥	♥		73
DRR-E	Depression Remission or Response for Adolescents and Adults	♥	♥		♥	♥		74
ASF-E	Unhealthy Alcohol Use Screening and Follow-Up	♥	♥		♥	♥		75
TSC-E	Tobacco Use Screening and Cessation Intervention ~	♥	♥		♥	♥		76
AIS-E	Adult Immunization Status	♥	♥	♥	♥	♥		77-78
PRS-E	Prenatal Immunization Status		♥	♥	♥			79
PND-E	Prenatal Depression Screening and Follow-Up		♥		♥			80
PDS-E	Postpartum Depression Screening and Follow-Up		♥		♥			81
SNS-E	Social Need Screening and Intervention	♥	♥		♥	♥		82

Medicare-Medicaid (MMP) plans is no longer a reporting option for MY 2026. ****First year ECDS measure,**

~ New measure for 2026 measurement year

Quality HEDIS®

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) comprises standardized performance metrics established by the National Committee for Quality Assurance (NCQA) to assess, report and benchmark quality within health care plans. NCQA formulates HEDIS measures through a committee composed of purchasers, consumers, health plans, health care providers and policymakers.

HEDIS scores:

The significance of scores lies in their role within the evolving landscape of health care quality standards. With state and federal health care systems shifting towards quality-driven practices, HEDIS rates hold increasing importance for both health care plans and individual practitioners. State health care purchasers utilize compiled HEDIS rates to assess the effectiveness of health insurance providers in enhancing preventive health initiatives for their patients. Additionally, these scores are employed to gauge the efficacy of preventive care efforts at the physician level. HEDIS scores play a pivotal role in determining the rates for incentive programs that reward providers and practices with enhanced premiums.

Strategies to enhance HEDIS performance:

- Ensure the prompt and accurate submission of claim/encounter data for all services provided.
- Document services in the relevant section of the medical or electronic health record, ensuring alignment with the date of service and any pertinent results.
- Utilize CPT II billing codes to optimize scores for laboratory work, screenings and tests.
- Deliver timely and suitable health care services, including scheduling annual wellness appointments and providing necessary preventive screenings based on gender, age and medical condition.
- Proactively reach out to people overdue for care, arrange necessary services, and offer telehealth consultations when face-to-face appointments are not viable.
- Participate in existing initiatives and health plan programs to leverage available resources.
- Maintain up-to-date provider information to facilitate efficient communication exchanges.

Close HEDIS® Gap in Care

Aetna® Data Integration (DI): Health care providers produce structured data files from electronic medical record (EMR) extracts to send "standard" supplemental data to Aetna via File Transfer Protocol (FTP). These files are subject to Primary Source Verification (PSV) audits. Files generally contain codes such as CPT, LOINC or SNOMED, although DI can program coding based off lab test or procedure names in most instances.

Electronic Clinical Data Systems (ECDS): Data from Electronic Clinical Data Systems represents the network of data containing a member's personal health information and records of their experience across the entire health care system. Health care organizations utilize ECDS data to gather a more complete profile of their members' clinical experiences. HEDIS groups ECDS data into specific categories: Electronic Health Records, Health Information Exchange and Registry data, Case Management data and Administrative (e.g. claims) data. **NCQA_ECDS**

Medical Record Data: The information taken directly from a patient's medical record to validate services rendered that weren't captured through medical or pharmacy claims/encounters, or supplemental data.

Denominator Exclusion: Persons are excluded from the denominator of a measure based on specific diagnoses and/or procedures documented in their claims, encounters or pharmacy data. This exclusion is implemented during the creation of the measure denominator within certified HEDIS software after processing the claims data.

Proportion of Days Covered (PDC): According to the Pharmacy Quality Alliance (PQA), the PDC is the preferred method to measure medication adherence. The PDC is the percent of days in the measurement period covered by prescription claims for the same medication or another in its therapeutic category. The Medication Possession Ratio (MPR) is based on the sum of dispensed 'days supplied' over a period, whereas PDC is based on evaluation of available supply for each individual day in the period.

Continuity of Care Documents (CCD): Are used for the electronic exchange of clinical data without loss of meaning. The files provide a summary of a person's care as a snapshot in time, but they are not a replacement for an electronic health record (EHR). These files are typically Extensible Markup Language (XML)-based and are considered nonstandard supplemental data for at least the first year of use. The organization must demonstrate the accuracy of these (through primary source verification [PSV]) to ensure that the data in the file match the EHR.
CCD documents are programmatically created (and thus subject to human error) and are not considered the legal health record. As a result, it is not allowable to use CCD documents for data abstraction or as proof of service.

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your Aetna representative.

Line of business/product line

Line of Business (LOB): Identifies the reporting population

- **Commercial:** Health insurance coverage by employer sponsored insurance, private company or entity, not by the government.
- **Federal Employees Health Benefits (FEHB):** A group health insurance program that provides medical, dental and vision coverage to eligible federal employees, retirees and their families. FEHB is included and sponsored by the government office of personnel management (OPM), but it's not fully funded by OPM (there is eligible employee (EE) premium cost share like a traditional employer group).
- **Medicaid:** A joint federal, state program designed to offer health care coverage to eligible individuals. While each state administers its own Medicaid program, they must adhere to federal regulations set by the government. Moreover, the federal government contributes a minimum of 50 percent of the funding required for Medicaid programs across states.
  - **Medicaid Stars:** A managed care plan under Medicaid that provides comprehensive health services to eligible low-income individuals and families, ensuring access to medical care and support.
- **Special Needs Plans:** Types of Medicare Advantage plan that covers hospitalization, outpatient medical care and prescriptions; the costs of the plan are covered by federal and state funds. D-SNPs are for individuals who are eligible for both Medicare and Medicaid.
- **Medicare:** A federal system of health insurance for people over 65 years of age and for people with disabilities.
  - **Medicare Stars:** The Star Ratings system, established by the Centers for Medicare & Medicaid Services (CMS), evaluates Medicare Advantage (Part C) and prescription drug (Part D) plans on a five-star scale, where 1 indicates the lowest score and 5 signifies the highest rating. These assessments primarily assess the quality of health plans in terms of customer satisfaction and health care delivery. The overarching objective of the Star Ratings system is to enhance care quality and promote better health outcomes among Medicare beneficiaries. Furthermore, this rating system aligns with CMS's mission to enhance accountability in health care delivery by health care professionals, hospitals and other providers.

HEDIS® terminology

- **Measurement period:** The measurement period is the calendar year (in many cases January 1 – December 31) where data is collected and reported during the reporting year.
- **Reporting period:** The reporting period is the year after the measurement period. The service dates are from the measurement period, which is usually, the year prior. In some cases, the service dates may go back more than one year.
- **Denominator:** The number of people who qualify for the measure criteria based on NCQA technical specifications.
- **Numerator:** The number of people who meet compliance criteria based on NCQA technical specifications for appropriate care treatment or service.

Collection methods

- **Administrative:** Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid:** Measures reported as hybrid use a random sample of 411 people from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.
- **Medicare Health Outcomes Survey (HOS):** The Medicare Health Outcomes Survey (HOS) is a vital tool used by the Centers for Medicare & Medicaid Services (CMS) to evaluate how well Medicare Advantage (MA) plans support the health and well-being of their enrollees over time. Each year, a random sample of beneficiaries from participating MA plans is surveyed about their physical and mental health, ability to perform daily activities, and sleep patterns. These same individuals are surveyed again two years later to assess changes in their health status.

  All MA plans with 500 or more enrollees are required to participate. The results help health plans identify areas for quality improvement, support comparative analysis across plans, and contribute to CMS Star Ratings.

  For more information, please visit the HOS website at **HOSonline.org** where you can download the **Quality Assurance Guidelines and Technical Specifications (QAG) Manuals**.

Quality HEDIS® measures

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Prevention and Screening			
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Persons **3–17** years of age who has an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period: • Body mass index (BMI) percentile • Counseling for nutrition • Counseling for physical activity **Measurement period:** January 1–December 31 **Requirements:** Visit code, provider type and service date	• Persons with a diagnosis of pregnancy any time during the measurement period • Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death in the measurement period	BMI percentile: **59574-4** Nutrition counseling: **97802, 97803, 97804** Nutritional counseling, dietitian visit: **S9470, S9452, S9449** Face-to-face behavioral counseling for obesity, 15 minutes: **G0447** History and physical examination, sports participation: **103736005** Counseling about physical activity: **435551000124105**
CHL Chlamydia Screening	Persons **16–24** years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Test code and service date	• Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death in the measurement period • Persons assigned male sex at birth, any time in the person's history through the last day of the measurement period	Chlamydia lab test: **87110, 87491** **Exclusion:** Pregnancy tests: **81025** (If paired with a retinoid medication list code or diagnostic radiology code)

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
COA Care for Older Adults Medicare (only SNP benefit packages) 2026 – removed MMP benefit packages	Persons **66** years of age and older who had **both** of the following during the measurement period: **1. Medication review** **Requirements:** Codes, service dates, provider type including a clinical pharmacist. At least one medication review with the presence of a medication list in the medical record. Transitional care management services during the measurement period meets criteria. **2. Functional status assessment** **Requirements:** Codes and service dates. At least one functional status assessment during the measurement period, as documented through either administrative data or medical record review. • For both **do not** include services provided in an acute inpatient setting. **Measurement period:** January 1–December 31	• Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death in the measurement period	Medication review: **90863, 99483, 99605, 99606** Medication review of all medications by a prescribing practitioner or clinical pharmacist: **1160F** Eligible clinician attested, documented in medical record and reviewed current medication: **G8427** Medication list documented in medical record: **1159F** Transitional care management services: **99495, 99496** Functional status assessment: **99483, 1170F** Annual wellness visits: Initial visit: **G0438** Subsequent visit: **G0439** **Exclusion:** Acute inpatient: **99221, 99222, 99223, 99233**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
OED Oral Evaluation, Dental Services	Persons **under 21** years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period **Measurement period:** January 1–December 31 **Requirements:** A comprehensive or periodic oral evaluation with a dental provider during the measurement period	• Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death in the measurement period	Dentist: **122300000X** General practice: **1223G0001X** Dental hygienist: **124Q00000X** Oral medicine: **125Q00000X** Pediatric Dentistry: **1223P0221X** Dental [Clinic/Center]: **261QD0000X** Periodic oral evaluation - established patient: **D0120** Oral evaluation for a patient under three years of age and counseling with primary caregiver: **D0145** Comprehensive oral evaluation, new or established patient: **D0150** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0650-0652, 0655-0659** Hospice care management procedure: **385765002** Seen in hospice: **305911006**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
TFC Topical Fluoride for Children	Persons **1–4** years of age who received at least two fluoride varnish applications during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Two or more fluoride varnish applications during the measurement period, on different dates of service	• Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death in the measurement period	Topical application of fluoride varnish: **D1206** CPT: **99188** Application of dental fluoride varnish procedure: **313042009**
Respiratory conditions			
CWP Appropriate Testing for Pharyngitis	The percentage of episodes for persons **3** years and older where the person was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode **Intake period:** July 1 of the year prior to the measurement period to June 30 of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Test code and service date. Episodes for which a group A streptococcus test occurred in the 7-day period from 3 days prior to the episode date through 3 days after the episode date.	• Persons in hospice or using hospice services any time during the measurement period • Person with a date of death in the measurement period	Outpatient visit: **99214, 99213, 99204, 99215** Group A strep tests: **87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880** Streptococcus by rapid immunoassay: **78012-2**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PCE Pharmacotherapy Management of COPD Exacerbation	The percentage of COPD exacerbations for persons **40** years of age and older who had an acute inpatient discharge or ED visit **and** were dispensed appropriate medications **Two rates are reported:** **1.** Dispensed a systemic corticosteroid or evidence of an active prescription within 14 days of the event **2.** Dispensed a bronchodilator or evidence of an active prescription within 30 days of the event **Intake period:** January 1 of the measurement period to November 30 of the measurement period **Requirements:** No special requirements	• Persons in hospice or using hospice services any time during the measurement period • Person with a date of death in the measurement period	Dispensing of a systemic corticosteroid and bronchodilator Other specified chronic obstructive pulmonary disease: **J44.89** Chronic obstructive pulmonary disease with (acute) exacerbation: **J44.1** Inpatient stay: **0100, 0101, 0110, 0111-0113** ED: **99281, 99282, 99283, 99284, 99285**
Cardiovascular Conditions			
CBP Controlling High Blood Pressure Tips for a more accurate blood pressure (BP) reading: • ***How to Lower & Control your BP | Aetna*** • ***Helpful tips flyer***	Persons **18–85** years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period **Measurement period:** January 1–December 31 **Requirements:** ***Most recent*** systolic and diastolic blood pressure reading and service date or exclusion code • Persons who had at least two different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period **Tips for compliance:**	• Persons in hospice or using hospice services any time during the measurement period • Person with a date of death in the measurement period • Persons receiving palliative care or who had encounter for palliative care any time during measurement period • Persons with a diagnosis of pregnancy any time during the measurement period • Medicare enrollees, 66 years of age and older by the last day of the measurement period: - Enrolled in an Institutional SNP any time during the measurement period	Systolic B/P: · **3075F:** 130-139 mm Hg · **3074F:** < 130 mm Hg · **3077F:** ≥ 140 mm Hg Diastolic B/P: · **3079F:** < than 90 (80-89 mm Hg) · **3078F:** < than 80 mm Hg · **3080F:** ≥ 90 mm Hg LOINC: · **8480-6:** Systolic BP · **8462-4:** Diastolic BP *Note: the numeric result value(s) must be included with LOINC coding.*

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
***CBP** continued*	• The most recent BP reading during the measurement period on or after the second diagnosis of hypertension • If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. • **Do not** use BPs taken in an acute inpatient setting or during an ED visit. ◦ Acute inpatient: **99221, 99222, 99223, 99231, 99232** ◦ ED: **99281, 99282, 99283** • BP readings taken/reported by the person and documented in the medical record are eligible for use. • **Do not** include BP taken by the person using a non-digital device such as with a manual blood pressure cuff and stethoscope. • Ranges and thresholds **do not** meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required. • BP readings received in person's chart from remote patient monitoring (RPM) are eligible for use. The BP must be part of the member's medical record.	- Living long-term in an institution any time during the measurement period • Persons 66–80 years of age by the last day of the measurement period with **both** frailty and advance illness: - Frailty. At least two indications of frailty with different dates of service in the measurement period. - Advance illness. Either of the following during the measurement period or year prior to the measurement period: ◦ Advance illness on two different dates of service ◦ Dispensed dementia medication • Persons 81 years of age and older as of the last day of the measurement period with frailty. At least two indications of frailty with different dates of service during the measurement period. • Persons with any of the following during their history on or prior to the last day of the measurement period: - Diagnosis that indicates end-stage renal disease (ESRD), history of nephrectomy or kidney transplant. - Procedures that indicate ESRD, dialysis, nephrectomy or kidney transplant.	**Exclusions:** End stage renal disease: **N18.6** Kidney transplant: **50360, 50365** Dialysis procedure: **90935** Palliative care: **Z51.5** Hospice encounter: **0115, 0125, 0135** Pregnancy: **Z34.90**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PBH Persistence of Beta-Blocker Treatment After a Heart Attack	Persons **18** years of age and older during the measurement period who: • Were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) **-and-** • Received persistent beta-blocker treatment 180 days (6 months) after discharge **Measurement period:** July 1 of the year prior to the measurement period to June 30 of the measurement period **Requirements:** - Hospitalization and discharged - Diagnosis of AMI - Received persistent beta-blocker treatment for 180 days (6 months) after discharge	• Persons with a medication dispensing event or a diagnosis that indicates a contraindication to beta-blocker therapy any time during the member's history through the end of the continuous enrollment period • Persons in hospice **or** with a date of death during the measurement period • Medicare enrollees 66 years of age or older who were enrolled in an I-SNP or resided long-term in an institution at any time from July 1 prior to the measurement period and the end of the measurement period • Persons 66–80 years of age with both frailty and advanced illness by the end of the measurement period, defined as: - Frailty. Two or more frailty indicators on different service dates from July 1 prior to the measurement period and the end of the measurement period. - Advanced illness. Two or more advanced illness service dates **or** dispensed dementia medication during the measurement period and the end of the measurement period. • Persons 81 years of age and older with at least two frailty indicators on different dates of service between July 1 prior to the measurement period and last day of measurement period	Dispensing of a beta blocker medication **Exclusions:** Adverse beta antagonist: **T44.7X5A** Asthma: **J45.909** Other asthma: **J45.998** Chronic obstructive pulmonary disease, unspecified: **J44.9**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Diabetes			
GSD Glycemic Status Assessment for Patients with Diabetes	Persons **18–75** years of age with diabetes (type 1 or type 2) whose most recent glycemic status was at the following levels during the measurement period: • **Controlled: < 8%** • **Uncontrolled: > 9%** Glycemic status assessment can be either HbA1c test **or** glucose management indicator (GMI) review from a continuous glucose monitor (CGM) • **Medicare: ≤ 9%** Medicare measure performance is determined by the person's most recent glycemic status (HbA1c or GMI), **with a goal of 9% or less** (HbA1c ≤ 9%) **Medicaid**: Goal is **less than 8%** (HbA1c < 8%) • All other lines of businesses **have a goal of < 8%** (HbA1c < 8%) • A result of **8-9%** does not meet control and remains in the measure under NCQA guidelines. • The person is **not** compliant with numerator if the result of the most recent glycemic status assessment is missing a result, **or** if a glycemic status assessment was not done during the measurement period. **Measurement period:** January 1–December 31 **Requirements:** Most recent HbA1c test **or** GMI results and collection/result date **Medical record:** Documentation in the medical record must include a note indicating the date when the glycemic status assessment was performed, and the result.	• Persons in hospice or using hospice services during the measurement period • Persons with a date of death in the measurement period • Persons receiving palliative care or had an encounter any time during the measurement period • Medicare enrollees 66 years of age and older by the last day of the measurement period who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement period – Living long-term in an institution any time during the measurement period • Persons 66 years of age and older by the last day of the measurement period with both frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the measurement period. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication	Diabetes: **E10.10 , E10.11, E11.9, E11.65** **HbA1c:** **83036, 83037:** HbA1c **lab test** *with CPT value* • **3044F:** HbA1c < 7.0% • **3046F:** HbA1c >9.0% • **3051F:** HbA1c ≥ 7.0% and < 8.0% • **3052F:** HbA1c ≥ to 8.0% and ≤ 9.0% **Exclusion:** Hospice encounter: **0115, 0125, 0135**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
BPD Blood Pressure Control for Patients with Diabetes Tips for a more accurate blood pressure (BP) reading: • ***How to Lower & Control your BP | Aetna*** • ***Helpful tips flyer***	Persons **18–75** years of age with diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Most recent systolic and diastolic blood pressure reading and service date - **Do not** include BPs taken in an acute inpatient setting or during an ED visit. · Acute inpatient: **99221, 99222, 99223, 99231, 99232** · ED: **99281, 99282, 99283** - **If there are multiple BPs** on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. - Ranges and thresholds **do not** meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required. - **Compliant BP: <140/90 mmHg** - **Non-compliant BP:** ≥ 140/90 mmHg, no BP reading during measurement period or if the reading is incomplete	• Persons with a date of death during the measurement period • Persons in hospice or using hospice services any time during the measurement period • Persons receiving palliative care or had encounter for palliative care any time during the measurement period • *Medicare* enrollees 66 years of age and older as of December 31 of the measurement period who meet either of the following: – Enrolled in an institutional SNP (I-SNP) any time during the measurement period – Living long-term in an institution any time during the measurement period • Persons 66 years of age and older by the last day of the measurement period with BOTH frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the measurement period. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication	Systolic B/P: · **3075F:** 130-139 mm Hg · **3074F:** < 130 mm Hg · **3077F:** ≥ 140 mm Hg Diastolic B/P: · **3079F:** < than 90 (80-89 mm Hg) · **3078F:** < than 80 mm Hg · **3080F:** ≥ 90 mm Hg LOINC: · **8480-6:** Systolic BP · **8462-4:** Diastolic BP *Note: the numeric result value(s) must be included with LOINC coding.* **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378** Palliative care: **103735009, 395669003** Seen by palliative care service: **441874000, 305824005, 305686008**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
EED Eye Exam for Patients with Diabetes 2025 – EED removed from the hybrid data collection method	Persons **18–75** years of age with diabetes (type 1 or type 2) who had a retinal eye exam **Measurement period:** January 1–December 31 **Requirements:** Diabetic eye exam performed by an optometrist or ophthalmologist, with retinopathy status and service date documented • Negative **or** positive diabetic retinal screening in the measurement period, **or** • Negative diabetic retinal screening in the year prior to the measurement period, **or** • Document and claim code all applicable exclusions	• Bilateral eye enucleation **or** bilateral absence of eyes any time during the member's history through the last day of the measurement period • Persons with a date of death in the measurement period • Persons in hospice or using hospice services during the measurement period • Persons receiving palliative care or an encounter for palliative care anytime during the measurement period • *Medicare* enrollees 66 years of age and older by the last day of the measurement period who meet either following: – Enrolled in an institutional SNP (I-SNP) any time during the measurement period – Living long-term in an institution any time during the measurement period • Persons 66 years of age and older by the last day of the measurement period with BOTH frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the measurement period. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: · Advanced illness on at least two different dates of service · Dispensed dementia medication	Diabetes mellitus without complications: · Type I: **E10.9** · Type 2: **E11.9** Eye exam: · With retinopathy: **2022F, 2024F, 2026F** · Without retinopathy: **2023F, 2025F, 2033F** Retinal eye exam: **92002, 92004, 92012, 92137, 92201, 92230, 92250, 99204, 99242-99245** Diabetic retinal eye exam: **722161008** Proliferative retinopathy: **LA18648-8** No retinopathy: **LA18643-9** Retinal imaging: **92227, 92228** Autonomous eye exam: **92229 or 105914-6** · **LA34398-0:** Without macular edema · **LA34399-8:** With or without macular edema *Note: the numeric result value(s) must be included with LOINC coding.* **Exclusions:** Unilateral eye enucleation: **65091, 65093, 65101, 65103, 65110, 65112, 65114** *(Two DOS or bilateral modifier included)* **Resection eye, external approach:** · Right eye: **08T0XZZ** · Left eye: **08T1XZZ**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
KED Kidney Health Evaluation for Patients with Diabetes	Persons **18–85** years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period Persons who received **BOTH** an eGFR **and** a uACR during the measurement period on the same or different dates of service: • At least one estimated glomerular filtration rate lab test **(eGFR): 80047, 80048, 80050, 80053, 80069** ***-AND-*** • At least one urine albumin creatinine ratio lab test **(uACR): 13705-9, 76401-9** ***-OR-*** **Both tests needed to count as uACR:** A quantitative urine albumin test: **82043** **-with-** a urine creatinine test: **82570** on the same day of service or *no more than 4 days apart* **Measurement period:** January 1–December 31 **Requirements:** Document eGFR and uACR with a clearly identified test (lab name or code), collection date, result date, and numeric result. Code and document applicable exclusions.	• Persons with a diagnosis of ESRD or who had dialysis any time during the person's history on or prior to the last day of the measurement period • Persons who had a date of death or received hospice or palliative care services at any time during the measurement period • *Medicare* enrollees ages 66 or older by the end of the measurement period who were either enrolled in an I-SNP or lived long-term in an institution at any time during the period • Persons 66-80 years of age and older by the last day of measurement period with frailty and advanced illness. Persons must meet BOTH frailty and advanced illness criteria to be excluded: – Frailty. At least two indications of frailty with different dates of service during the measurement period. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication • Persons ages 81 years or older by the end of the measurement year with two or more frailty indicators on different dates of service during the measurement period	Diabetes: **E10.10, E10.11, E11.00, E11.01. E13.8, E13.9** Estimated glomerular filtration rate lab test **(eGFR): 80047, 80048, 80050, 80053, 80069** **-and-** Urine albumin creatinine ratio lab test **(uACR): 13705-9, 76401-9** **Both tests needed to count as uACR:** Quantitative urine albumin test **82043** **-with-** Urine creatinine test **82570** *(No more than 4 days apart)* **Exclusions:** ESRD: **N18.6, 46177005** Chronic kidney disease, stage 5: **N18.5** Dependence on renal dialysis: **236435004** Dialysis procedure: **90935, 90937, 99512, 90999**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Musculoskeletal Conditions			
OMW Osteoporosis Management in Women Who Had a Fracture	Women **67–85** years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture index episode start date (IESD): *Fractures of finger, toe, face and skull are not included in this measure.* **Intake period:** July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period is used to capture the first fracture. **Index episode start date (IESD):** The earliest episode date during the intake period that meets all initial population criteria **Requirements:** Test, prescription and service date/dispensed date **Acceptable interventions post-fracture:** – A BMD test in any setting, on the IESD or in the 180-day period after the IESD – If the IESD was an inpatient stay, a BMD test during the inpatient stay – Osteoporosis therapy on the IESD or in the 180-day period after the IESD – If the IESD was an inpatient stay, long-acting osteoporosis therapy during the inpatient stay – A dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD	• Persons with hospice services or a date of death during the measurement period • Persons who had a palliative care encounter or received palliative care any time during the intake period though the last day of the measurement period • Persons 67 years and older who are enrolled in an Institutional SNP (I-SNP) **or** lived in long-term care any time during the intake through the last day of the measurement period • Persons 67–80 years of age and older as of the last day of the measurement period with frailty and advanced illness. Persons must meet BOTH frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the intake period through the last day of the measurement year. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service. • Dispensed dementia medication • Persons 81 years and older with at least two indications of frailty with different dates of service during the intake period through the last day of the measurement period	BMD test: **77080, 77081, 77085** Osteoporosis medication therapy: · Injection, denosumab, 1 mg: **J0897** · Injection, ibandronate sodium, 1 mg: **J1740** · Injection, teriparatide, 10 mcg: **J3110** · Injection, romosozumab-aqqg, 1 mg: **J3111** · Injection, zoledronic acid, 1 mg: **J3489** · Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg: **Q5136**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Behavioral Health			
FUH Follow-Up After Hospitalization for Mental Illness	Persons **six** years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, **and** had a mental health follow-up service **Two rates are reported:** 1. The percentage of discharges for which the person received follow-up within 30 days after discharge 2. The percentage of discharges for which the person received follow-up within 7 days after discharge **Measurement period:** January 1 through December 1 of the measurement period – Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement period. **Requirements:** Acute inpatient discharge **with** a diagnosis of mental illness or intentional self-harm **and** a follow-up service for mental health: 1. A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, **within** 30 days after discharge 2. A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, **within** 7 days after discharge **Both rates: Do not** include visits that occur on the date of discharge.	• Persons using hospice services or elect to use hospice benefit any time during the measurement period • Persons with a date of death in the measurement period	BH outpatient visit: **98960-98962, 99203-99205, 99211-99215, 0521** · Clinic visit/encounter, all-inclusive: **T1015** Telephone visit: **99441-99443, 98966-98968** Peer support services, mental health services, not otherwise specified: **H0046**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
FUM Follow-Up After Emergency Department Visit for Mental Illness	The percentage of emergency department (ED) visits for persons **six** years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, **and** had a mental health follow-up service **Two rates are reported:** 1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days) 2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days) **Measurement period:** January 1 through December 1 of the measurement period **Requirements:** An emergency department visit, **with** a diagnosis of mental illness or intentional self-harm **and** a follow-up service for mental health: 1. Follow-up visit for any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days) 2. Follow-up visit for any diagnosis of a mental health disorder **within** 7 days after the ED visit (8 total days) **Both rates:** **Include** visits that occur on the date of the ED visit.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	BH outpatient: **98960-98962, 99203-99205, 99211-99215, 0510** Telephone visit: **99441-99443, 98008-98015** · Clinic visit/encounter, all-inclusive: **T1015** Online assessment: **98970-98972, 99421-99423**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
FUI Follow-Up After High-Intensity Care for Substance Use Disorder	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among persons **13** years of age and older that result in a follow-up visit or service for substance use disorder **Two rates are reported:** 1. The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 30 days after the visit or discharge 2. The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 7 days after the visit or discharge **Measurement period:** January 1 through December 1 of the measurement period **Requirements:** Follow-up with any practitioner **within 7 days and 30 days** after an episode of substance use disorder, with a substance use disorder diagnosis 1. A follow-up visit or event with any practitioner for a diagnosis of substance use disorder **within** 30 days after an episode for substance use disorder 2. A follow-up visit or event with any practitioner for a diagnosis of substance use disorder **within** 7 days after an episode for substance use disorder **Both rates:** **Do not** include visits that occur on the date of the denominator episode. **Note:** Follow-up **does not** include withdrawal management. **Do not** include follow-up care that occurs on the same date of service as a withdrawal management event when identifying follow-up care for numerator compliance.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	BH outpatient visit: **98960-98962, 99203-99205, 99211-99215** Substance use disorder services: **99408-99409** Telephone visit: **99441-99443, 98008-98015** Online assessment: **98970-98972, 99421-99423** Peer support services · Mental health services, not otherwise specified: **H0046** · Alcohol and/or substance abuse services, skills development: **T1012** AOD medication treatment: **G0533, G2067, G2073**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
FUA Follow-Up After Emergency Department Visit for Substance Use	The percentage of emergency department (ED) visits among persons age **13** years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up **Two rates are reported:** 1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days) 2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days) **Measurement period:** January 1 through December 1 of the measurement period **Requirements:** Diagnosis of SUD or any diagnosis of drug overdose **and** ED visit code **and** date of service: – **30-day follow-up:** A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days) – **7-day follow-up:** A follow-up visit or a pharmacotherapy dispensing event within 7 days after the ED visit (8 total days) **Both rates:** **Include** visits and pharmacotherapy events that occur on the date of the ED visit.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	BH outpatient visit: **98000-98007, 98960-98962, 99202-99205, 99211-99215** · Clinic visit/encounter, all-inclusive: **T1015** Peer support services · Mental health services, not otherwise specified: **H0046** · Alcohol and/or substance abuse services, skills development: **T1012** Substance use disorder services: **99408-99409** Telephone visit: **99441-99443, 98008-98015, 98966-98968** Online assessment: **98970-98972, 99421-99423** AOD medication treatment: **G0533, G2067, G2073** Alcohol and/or drug assessment: **H0001** Alcohol and/or drug screening: **H0049**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
POD Pharmacotherapy for Opioid Use Disorder	The percentage of opioid use disorder (OUD) pharmacotherapy **events** that lasted at least 180 days among persons **16** years of age and older with a diagnosis of OUD **and** a **new** OUD pharmacotherapy event **Service date range:** July 1 of the year prior to the measurement period to June 30 of the measurement period **Requirements:** Pharmacy claims - New OUD pharmacotherapy episodes with ≥180 days of treatment, no gap ≥8 days	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits at any time during the measurement period **Removable event:** • Remove any treatment period start dates where the person had an acute or nonacute inpatient stay of 8 or more days during the treatment period.	Pharmacy claims Inpatient stay**: 0100, 0101, 0110-0114, 0116-0119, 0120-0124, 0130-0134, 0140-0144, 0150-0154, 0160, 0170, 0190-0194, 0199, 0200-0204, 0210-0214, 1000-1002**
SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Persons **18–64** years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Persons with a glucose test or an HbA1c test. Any of the following meet criteria: – Glucose Lab Test Value Set – Glucose Test Result or Finding Value Set – HbA1c Lab Test Value Set – HbA1c Test Result or Finding Value Set	• Persons without at least one antipsychotic medication dispensing event • Persons receiving hospice care or with a date of death during the measurement period • Persons with a diagnosis of diabetes in the measurement period or year prior **There are two ways to identify persons with diabetes:** 1. **Claim/encounter data:** Persons who had at least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period 2. **Pharmacy data:** Persons dispensed insulin or hypoglycemics/ antihyperglycemics **and** with at least one diagnosis of diabetes during the measurement period or the year prior to the measurement period	Glucose test: **80047, 80048,80050, 80053, 80069, 82947, 82950, 82951** **HbA1c:** **83036, 83037**: HbA1c **lab test** w/CPT value · **3044F:** HbA1c < 7.0% · **3046F:** HbA1c >9.0% · **3051F:** HbA1c ≥ to 7.0% and < 8.0% · **3052F:** HbA1c ≥ to 8.0% and ≤ 9.0% **Exclusions:** · Type 1 DM: **E10.10** · Type 2 DM: **E11.9** DM without complication: **111552007**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SMD Diabetes Monitoring for People with Diabetes and Schizophrenia	Persons **18–64** years of age with schizophrenia or schizoaffective disorder and diabetes who had **both** an LDL-C test and an HbA1c test during the measurement period **Measurement period:** January 1–December 31 **Requirements:** HbA1c **and** LDL-C test and results on the same or different dates of service • Persons **must have both** tests to be included in the numerator.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	**HbA1c** **83036, 83037:** HbA1c **lab test** *with CPT value* · **3044F:** HbA1c < 7.0% · **3046F:** HbA1c >9.0% · **3051F:** HbA1c ≥ to 7.0% and < 8.0% · **3052F:** HbA1c ≥ to 8.0% and ≤ 9.0% **LDL-C** LDL-C: **80061, 83700, 83701, 83704, 83721** **lab tests** *with CPT value* · **3048F:** LDL-C < 100 mg/dL · **3049F:** LDL-C 100-129 mg/dL · **3050F:** LDL-C ≥ to 130 mg/dL

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SMC Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Persons **18–64** years of age with schizophrenia or schizoaffective disorder **and** cardiovascular disease, who had an LDL-C test during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Persons who had at least one LDL-C test performed in the measurement period. Either of the following meets criteria: • LDL C lab test value set. • LDL C test result or finding value set The organization may use a calculated or direct LDL.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	LDL C lab test: **80061, 83700, 83701, 83704, 83721** LDL C test result or finding: **3048F, 3049F, 3050F**
SAA Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Persons **18** years of age and older during the measurement period, with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period **Measurement period:** January 1–December 31 **Index prescription start date (IPSD):** The earliest prescription dispensing date for any antipsychotic medication during the measurement period **Treatment period:** The period begins on the IPSD through the last day of the measurement period. **Requirements:** Prescription claims only - Persons who achieved a PDC of at least 80% for their antipsychotic medications during the measurement period	• Persons with a diagnosis of dementia during the measurement period • Persons who did not have at least two antipsychotic medication dispensing events • Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death during the measurement period • Medicare enrollees 66 years of age and older by the last day of the measurement period who meet either of the following: – Enrolled in an institutional SNP (I-SNP) anytime during the measurement period – Living long-term in an institution any time during the measurement period	Paranoid schizophrenia: **F20.0, 64905009** Schizophrenia: **F20.81, 58214004** Other schizophrenia: **F20.89** **Exclusions:** Dementia: **52448006** Vascular dementia, unspecified severity, without behavioral, psychotic, mood disturbances or anxiety: **F01.50** Alzheimer's disease, unspecified: **G30.9**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SAA *continued*		• Persons 66-80 years of age by the last day of the measurement period with BOTH frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the measurement period – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication • Persons 81 years of age and older by the last day of the measurement period with at least two indications of frailty with different dates of service during the measurement period	

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Care coordination			
ACP Advance Care Planning A discussion or documentation about preferences for resuscitation, life sustaining treatment and end of life care	Persons **66–80** years of age with advanced illness, an indication of frailty or who are receiving palliative care, **and** persons **81** years of age and older who had advance care planning during the measurement period Include persons 66–80 years of age by the last day of the measurement period who meet any of the following criteria: • Advanced illness on at least two different dates of service • Dispensed dementia medication • An indication of frailty during the measurement period • Received palliative care or had an encounter for palliative care anytime during the measurement period **Include all persons 81 years** of age and older as the last day of the measurement period. **Measurement period:** January 1–December 31 **Requirements:** Evidence of advance care planning, date of service and appropriate code	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	Advance care planning: · CPT: **99483, 99497** · CPT-CAT-II: **1123F, 1124F, 1157F, 1158F** Do not resuscitate: **Z66** Comfort care only: **87691000119105** Active living will: **425395001** End of life care planning: **713058002** Frailty Diagnosis · **R29.6:** Repeated falls · **Z91.81:** History of falling · **M62.81:** Muscle weakness · **Z74.3:** Need for continuous supervision · **Z74.8:** Other problems related to care provider dependency **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378** Palliative care: **103735009, 395669003** Seen by palliative care services: · **441874000** · **305824005** · **305686008**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
TRC Transitions of Care	The percentage of **discharges** for persons **18** years of age and older who had each of the following **Four rates are reported:** 1. **Notification of inpatient admission (NIA):** Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days) 2. **Receipt of discharge information (RDI):** Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days) 3. **Patient engagement after inpatient discharge (PE):** Documentation of patient engagement provided within 30 days after discharge 4. **Medication reconciliation post-discharge (MRP):** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) **NIA and RDI:** Evidence that the information was integrated into the appropriate medical record and is accessible to the PCP or ongoing care provider meets compliance. **Service date range:** January 1 and December 1 of the measurement period **Requirements:** Code, provider type, inpatient admission date, discharge date/information and service date **Note:** EMR integration and near real-time compatibility with hospital systems are critical to TRC compliance, accurate documentation, effective discharge coordination, seamless care transitions, and reduced readmissions.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	Inpatient stay: **0100-0101, 0110-0114, 0120-0124, 1000-1002, 0130-0134, 0140-0144, 0160, 0170, 0190, 0210-0214** Outpatient and telehealth: **98000-98016, 98970, 99202, 99212, 99213, 99401, 99442, 0510, 0511, 0520-0523** Transitional care management services: **99495, 99496** Annual wellness visit: Initial: **G0438, 866149003** Subsequent: **G0439, 444971000124105** Clinic visit: **T1015** Medication reconciliation encounter or intervention: **99605, 99606, 430193006, 1111F** Medication reconciliation post-discharge: **99483, 99495, 99496** Medication reconciliation by pharmacist: **428701000124107** Medication reconciliation: **430193006**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
TRC *continued*	**Tips for TRC:** Documentation **must be in the outpatient** medical record and evident accessible to PCP or ongoing care provider. **NIA:** History & Physical (H&P) and when it was received by the physician meets criteria **RDI:** Discharge information may be included in, but not limited to, a discharge summary, a summary of care record or in structured fields in an EHR. **Discharge information** **must** include all the following: **1.** The practitioner responsible for the person's care during the inpatient stay **2.** Procedures or treatment provided **3.** Diagnoses at discharge **4.** Current medication list **5.** Testing results, or documentation of pending tests or no tests pending. **6.** Instructions for patient care post-discharge **Note:** If the PCP or ongoing care provider is the discharging provider, the discharge information **must** be documented in the medical record on the day of discharge through 2 days after discharge (3 total days). **PE:** An outpatient visit, telephone visit, e-visit or virtual check-in meet criteria. **Do not** collect/use discharge date of service. Must be a follow up with PCP or ongoing care provider. **MRP:** Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge. A Notation that "*no medications*" were prescribed or ordered upon discharge meets criteria.		

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
FMC Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions Denominator is based on ED visits, not on individuals. Persons may have more than one ED visit and can be in measure for multiple dates of service.	The percentage of emergency department (ED) visits for persons **18** years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit **Two or more eligible high-risk chronic conditions:** • COPD/asthma/unspecified bronchitis • Alzheimer's disease and related disorders • Kidney disease • Major depression/dysthymic disorder • Heart failure and cardiomyopathy • Acute myocardial infarction • Atrial fibrillation • Stroke/transient ischemic attack **Service date range:** Persons need to be 18 years or older on the date of an ED visit which occurs on or between January 1 and December 24 of the measurement period. **Index hospital stay (IHS):** An acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement period, as identified in the denominator **Requirements:** *Two or more* eligible high-risk chronic conditions diagnosed **prior to the ED visit** during the measurement period or year prior to the measurement period **and** a documented/claims coded follow-up visit within seven days post discharge or on discharge date	• Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death during the measurement period	ED: **99281-99285, 0450, 0451, 0452, 0456, 0459, 0981, 4525004** Outpatient, ED, telehealth and nonacute inpatient: **98000-98016, 98970-98972, 98980, 99202-99205, 99211-99215, 99381-99387, 99401-99404, 99441-99443, 99455-99458, 99483** Clinic visit/encounter, all-inclusive: **T1015** BH outpatient: **G0409, H0002, H0004, H0031, H0034, H0036, H0037, H2013-H2020** Transitional care: **99495, 99496** Case management encounter: **99489, T1016, T1017, T2022, T2023, 386230005, 416341003, 425604002** **Exclusions:** Inpatient stay: **0100, 0101, 0110-0114, 0120-0124, 0130-0134, 0140-0144, 0150-0154, 0160, 0170, 0190, 0200-0204, 0210-0214, 1000-1002** Acute inpatient: **99221-99223, 99231-99236, 99252-99255, 99291**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Overuse/appropriateness			
URI Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for persons **three** months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event **Intake period**: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment. **Requirements:** Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	Viral pharyngitis: **1532007** Acute pharyngitis, unspecified: **J02.9** Acute laryngopharyngitis: **J06.0** Acute upper respiratory infection, unspecified: **J06.9** Acute nasopharyngitis (common cold) : **J00, 82272006** Human immunodeficiency virus: **B20** Emphysema, unspecified: **J43.9**
AAB Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	The percentage of episodes for persons **three** months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event **Intake period**: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment. **Requirements:** No unique requirements	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period	Outpatient, follow-up visits, ED, acute inpatient and nonacute inpatient: **99203, 99204, 99212-99214, 99283, 99284, 99391- 99393, 0450, 0510** Acute bronchitis, unspecified: **J20.9, J21.9** Acute bronchitis: **10509002** Human immunodeficiency virus: **B20**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
LBP Use of Imaging Studies for Low Back Pain	Persons **18–75** years of age with a principal diagnosis of low back pain who **did not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis **Index episode start date (IESD):** The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain **Intake period:** January 1–December 3 of the measurement period. The intake period is used to identify the first eligible encounter with a principal diagnosis of low back pain. **Requirements:** An imaging study *with* a diagnosis of uncomplicated low back pain on the index episode start date (IESD) or in the 28 days following the IESD Use applicable and appropriate codes. – Reported as an inverted rate – A higher score indicates appropriate treatment of low back pain.	• Persons with the following diagnoses or procedures that may warrant imaging any time during the person's history through 28 days after the IESD: Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy, organ transplant, lumbar surgery or medication treatment for osteoporosis • A dispensed prescription to treat osteoporosis • Persons with a date of death in the measurement period • Persons with a recent diagnosis that may warrant imaging any time during the 365 days prior to the IESD through 28 days after the IESD. IV drug abuse, neurologic impairment or spinal infection • Persons with a recent injury that may warrant imaging any time during the 90 days prior to the IESD through 28 days after the IESD. Trauma or a fragility fracture. • Persons with prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD • Persons receiving palliative care or had an encounter for palliative care any time during the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Low back pain: **M54.5, M54.50, M54.51, M54.59** Sciatica, unspecified side: **M54.30** Unspecified injury of lower back: Initial encounter: **S39.92XA** Sequela: **S39.92XS** Dorsalgia, unspecified: **M54.9** Vertebrogenic low back pain: **M54.51** Spinal stenosis: **M48.062, M48.061, M48.07, M48.08** Imaging study: **72020, 72040, 72050, 72070, 72080-72084,72100, 72125-72133, 72200** Magnetic resonance imaging of lumbar spine: **241648005** X-ray of lumbar spine and pelvis: **431892005** X-ray tomography of lumbar spine: **718542005** **Exclusions:** Primary osteoporosis: **276661002** Age-related osteoporosis w/o fracture: **M81.0**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
LBP *continued*		• Persons 66 years of age and older by the last day of the measurement period with BOTH frailty and advanced illness: - Frailty. At least two indications of frailty with different dates of service during the measurement period. - Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication	Asymptomatic human immunodeficiency virus [HIV] infection status: **Z21** HIV: **B20** Kidney transplant status: **Z94.0** Liver transplant status: **Z94.4**
HDO Use of Opioids at High Dosage	Persons **18** years of age and older who received prescription opioids at a high dosage for 15 or more days during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Two or more events with opioid dispensed on two different dates of service and were given for 15 or more total days - Dosing stats (average morphine milligram equivalent dose [MME] ≥90) This measure **does not** include the following opioid medications: - Injectables - Opioid cough and cold products - Ionsys® (fentanyl transdermal patch) - Methadone for the treatment of opioid use disorder	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use hospice benefits any time during the measurement period • Persons receiving palliative care or who had and encounter for palliative care any time during the measurement period • Persons with cancer **or** sickle cell disease during the measurement period	Pharmacy/ prescription claims **Exclusions:** Hb-sickle cell disease with crisis, unspecified: **D57.00** without crisis: **D57.1** Sickle-cell thalassemia without crisis: **D57.40** Other sickle-cell disorders without crisis: **D57.80** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
UOP Use of Opioids from Multiple Providers	Persons **18** years and older, receiving prescription opioids for 15 or more days during the measurement period, who received opioids from multiple providers **Three rates are reported:** 1. **Multiple prescribers:** The percentage of persons receiving prescriptions for opioids from 4 or more different prescribers during the measurement period 2. **Multiple pharmacies:** The percentage of persons receiving prescriptions for opioids from 4 or more different pharmacies during the measurement period 3. **Multiple prescribers and multiple pharmacies:** The percentage of persons receiving prescriptions for opioids from four or more different prescribers **and** or more different pharmacies during the measurement period **Measurement period:** January 1–December 31	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Pharmacy/ prescription claims **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378**
COU Risk of Continued Opioid Use	Persons **18** years of age and older who have a new episode of opioid use that puts risk for continued opioid use **Two rates are reported:** 1. The percentage of persons with at least 15 days of prescription opioids in a 30-day period 2. The percentage of persons with at least 31 days of prescription opioids in a 62-day period **Intake period:** November 1 of the year prior to the measurement period to October 31 of the measurement period **Index prescription start date (IPSD):** Earliest prescription dispensing date for opioid medication during the intake period **Requirements:** Prescription claims only	• Persons with cancer, or sickle cell disease any time during the 365 days prior to the IPSD through 61 days after the IPSD • Persons in hospice or using hospice services any time during the measurement period • Persons with a date of death during the measurement period • Persons receiving or who had an encounter for palliative care any time during the measurement period	Pharmacy/ prescription claims **Exclusions:** Sickle cell anemia: **D57.00** Other sickle cell disorders: **191419008** Palliative care encounter: **G9054, 305686008** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Measures collected through the Medicare Health Outcomes Survey (HOS)			
HOS Medicare Health Outcomes Survey	The Medicare Health Outcomes Survey (HOS) provides an overall indication of how effectively a Medicare Advantage Organization (MAO) manages persons' physical and mental health. Health status is measured at the beginning and end of a two-year period, and a change score is calculated. Persons are categorized as better than expected, the same as expected, or worse than expected accounting for death and risk adjustment. MAO results are reported as the percentage of persons in each category. **HEDIS® measures assessed:** 1. Fall Risk Management (FRM) 2. Management of Urinary Incontinence in Older Adults (MUI) 3. Physical Activity in Older Adults (PAO) **Timeline:** Annually between July and November		
1. FRM Fall Risk Management	The two components of this measure assess members different facets of FRM: 1. **Discussing fall risk:** Persons seen by a practitioner in the past 12 months and who discussed falls, problems with balance *or* walking with their current practitioner 2. **Managing fall risk:** Persons who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months *and* who received a recommendation for how to prevent falls, treat problems with balance or walking from their current practitioner		Submitting these codes provides insight into persons' care management and supports assessment of the quality of care delivered. **3288F:** Falls risk assessment documented ***-and-*** **1100F:** Screening for future fall risk; documentation of *two or more* falls in the past year or any fall with an injury in the past year ***-or-*** **1101F:** Screened for future fall risk; documentation of *no falls* in the past year or only one fall without injury in the past year **1100F–1P** ***-and-*** **1101F–1P:** *Not* screened for future fall risk for medical reasons

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
2. MUI Management of Urinary Incontinence in Older Adults	The following three components of this measure assess members MUI: 1. **Discussing urinary incontinence:** Persons who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider 2. **Discussing treatment of urinary incontinence:** Persons who reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a health care provider 3. **Impact of urinary incontinence:** Persons who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot		Submitting these codes provides insight into persons' care management and supports assessment of the quality of care delivered. **1090F:** Presence *or* absence of urinary incontinence assessed ***-and/or-*** **0509F:** Urinary incontinence plan of care documented
3. PAO Physical Activity in Older Adults	The two components of this measure assess people's different facets of PAO: 1. **Discussing physical activity:** Persons who had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity 2. **Advising physical activity:** Persons who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity		Submitting these codes provides insight into persons' care management and supports assessment of the quality of care delivered. **1003F:** Level of activity assessed ***-and/or-*** **Z71.82:** Exercise counseling

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Access/availability of care measures			
AAP Adults' Access to Preventive/Ambulatory Health Services	Persons **20** years of age and older who had an ambulatory or preventive care visit The organization reports three separate percentages for each product line. • **Medicare and Medicaid:** Persons enrolled in Medicaid and Medicare who had an ambulatory **or** preventive care visit during the measurement period • **Commercial:** Persons enrolled in a commercial product who had an ambulatory **or** preventive care visit during the measurement period or the 2 years prior to the measurement period **Service date range:** - **Medicaid and Medicare:** Measurement period - **Commercial:** Measurement period *and* the two years prior to the measurement period **Measurement period:** January 1–December 31 **Requirements:** Date of service required and appropriate code	• Person in hospice or using hospice services during the measurement period • Person with a date of death in the measurement period	Ambulatory visits: **99213, 99214, 99204, 99203, 99215, 99212, 99213, 99391-99397, 0510, 0511, 0513-0517, 0520-0529, 0982, 0983** Clinic visit/encounter, all-inclusive: **T1015** Hospital outpatient clinic visit for assessment and management of a patient: **G0463**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
IET Initiation and Engagement of Substance Use Disorder Treatment	The percentage of **new** substance use disorder (SUD) episodes that result in treatment initiation and engagement **Two rates are reported:** 1. **Initiation of SUD treatment:** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days 2. **Engagement of SUD treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation **Intake period:** November 15 of the year prior to the measurement period through November 14 of the measurement period. The intake period is used to capture new SUD episodes. **Measurement period:** January 1–December 31 **Requirements:** A new SUD episode during the intake period, initiated treatment and engagement visit or medication treatment event, within 14-34 days of initiation - Initiation on the same day as the SUD episode date must be with different providers to count. - An engagement visit on the same date of service as an engagement medication treatment event meets criteria. - Two engagement visits may be on the same date of service but must be with different providers to count as two events. - Methadone is **not** included on the medication lists for this measure.	• Persons with a date of death in the measurement period • Persons in hospice or elect to use hospice services any time in the measurement period	**Alcohol:** Abuse, uncomplicated: **F10.10** · Dependance: **F10.20** · Intoxication: **F10.229** · Dementia: **F10.27** · Disorder: **F10.29** **Opioid:** Dependence: **F11.20** Abuse: **F11.10** Abuse counseling/ surveillance: · **Z71.41:** Alcohol · **Z71.51:** Drug Detoxification services/substance abuse treatment: **HZ2ZZZZ, 827094004** Detoxification: **0116, 0126, 0136, 0146, 0156** SUD Services: **99408, 99409, 0906, 0944, 0945** BH outpatient: **98000-98007, 98960-98962, 99211-99215, 99381-99387, 99391-99397, 99401-99404, 99492, 99510, H0002, H0004, H0031, H0034, H0036, H2013-H2020** Clinic visit/encounter, all-inclusive: **T1015** Telephone visits: **98008-98015, 99441-99443** Visits unspecified: **90791, 90832-90834, 90836-90840, 99221 99223, 99252-99255**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PPC Prenatal and Postpartum Care	The percentage of deliveries of **live births** on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care: • **Timeliness of prenatal care:** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization • **Postpartum care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of the year prior and October 7 of the measurement period. **Anchor date:** Date of delivery **Service date range:** October 8 of the year prior to the measurement period and October 7 of the measurement period **First trimester:** 280–176 days prior to delivery or estimated delivery date **Requirements:** No special requirements	• Persons with a date of death during the measurement period • Persons in hospice or using hospice services during the measurement period	Deliveries: **59400, 59410** Pregnancy - blood test confirms: **169561007** Pregnant - urine test confirms: **169560008** Prenatal bundled services: **59400, 59425, 59426, 59510, 59610, 59618, H1005** Prenatal visits: **98966, 98967, 98970, 98980, 99211** Stand-alone prenatal visits: **0500F, 0501F, 0502F, H1000, H1001, H1003,** CPT: **99500** Postpartum care: **57170, 58300, 59430, 99501, 0503F** Routine postpartum follow-up: **717810008** Postpartum bundled services: **59400, 59410, 59510, 59515, 59610, 50614, 50618, 59622** Postpartum care assessment: **409018009** Cervical cytology lab test: **88141, 88142, 88143** **Exclusion:** Single stillbirth: **Z37.1**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
APP Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Persons **1–17** years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment **Intake period:** January 1 through December 1 of the measurement period **Index prescription start date (IPSD):** The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history **Measurement period:** January 1–December 31 **Requirements:** Evidence/documentation or claims coding of received psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD	• Person with a date of death in the measurement period • Persons in hospice or using hospice services any time in the measurement period • Persons with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder on at least two different dates of service during the measurement period	Psychosocial care: **90832, 90833, 90834** **G0177, G0409, G0410** **Exclusions:** Bipolar disorder: **F30.10:** Manic episode without psychotic symptoms, unspecified Schizophrenia: · **F20.0:** Paranoid · **F20.89:** Other **F22:** Delusional disorders **F23:** Brief psychotic disorder **F84.0:** Autistic disorder **F84.5:** Asperger's syndrome
Utilization measures			
W30 Well-Child Visits in the First 30 Months of Life	Children in the measurement year who had the following number of well-child visits with a primary care physician: • Children who turned **15** months old during the measurement period: – **6 or more** well-child visits • Children who turned **30** months old during the measurement period: – **2 or more** well-child visits **Service date range:** Measurement period **Requirements:** Visit code, provider type and service date(s) **Do not** include telehealth visits (visits billed with a code that indicates telehealth/virtual encounters).	• Children with a death during the measurement period • Children in hospice or using hospice services during the measurement period	Well child checks: **99381-99385, 99391-99395, 99461** Well care visit: · Initial visit: **G0438** · Subsequent visit: **G0439** Completed early periodic screening: **S0302** Periodic physical examination: **103740001** Child examination: **243788004** Well child visit: **410620009** Annual wellness visit: **444971000124105**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
WCV Child and Adolescent Well-Care Visits	Persons **3–21** years of age with a visit to a primary care physician (PCP) or an Ob/Gyn practitioner for at least one comprehensive well-care visit during the measurement period. **Service date range:** Measurement period **Requirements:** Well-care visit with a PCP (does not have to be with assigned PCP) or Ob/Gyn **Including the following:** A health history, physical development history, mental development history, physical exam, and health education/anticipatory guidance **Do not** include telehealth visits (visits billed with a code that indicates telehealth/virtual encounters).	• Persons with a of death during the measurement period • People in hospice or using hospice services during the measurement period	Well child checks: **99381-99385, 99391-99395, 99461** Well care visit: · Initial visit: **G0438** · Subsequent visit: **G0439** Completed early periodic screening: **S0302** Periodic physical examination: **103740001** Child examination: **243788004** Well child visit: **410620009** Annual wellness visit: **444971000124105**
AXR Antibiotic Utilization for Respiratory Conditions	The percentage of episodes for persons **three** months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event **Intake period:** July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment **Measurement period:** January 1–December 31 **Requirements:** Dispensed a prescription for an antibiotic medication on or three days after the episode date	• Persons with a of death during the measurement period • People in hospice or using hospice services during the measurement period	Outpatient, ED and telehealth: **98000, 98001-98009, 99202-99205** Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113, 0120-0124** **A49.9:** Bacterial infection, unspecified **A31.0:** Pulmonary mycobacterial infection **H65.00:** Acute serous otitis media, unspecified ear **H66.93:** Otitis media, unspecified, bilateral **J01.00:** Acute maxillary sinusitis, unspecified **J06.0:** Acute laryngopharyngitis **J18.9:** Pneumonia, unspecified organism **J98.9:** Respiratory disorder, unspecified

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Risk-adjusted utilization measures			
PCR Plan All-Cause Readmissions *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.* • The denominator for this measure is based on discharges. • An acute discharge can be from any type of facility, including behavioral health facilities.	Persons **18** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute readmissions for any diagnosis within 30 days of an acute hospitalization **Service date ranges:** January 1 and December 1 of the measurement period. – **Index hospital stay (IHS):** An acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement period, as identified in the denominator – **Index discharge date:** The index discharge date must occur on or between January 1 and December 1 of the measurement period. · Discharges are excluded if a direct transfer takes place after Dec. 1 of the measurement period. – **Index readmission date:** The admission date associated with the index readmission stay **Requirements:** A lower rate indicates better performance for this measure (i.e., low rates mean that fewer members are being readmitted).	• Persons in hospice or using hospice services during the measurement period **Exclude acute hospitalizations for the following reasons:** • Persons who died during the index hospital stay • Persons with a principal diagnosis of pregnancy on the discharge claim • Principal diagnosis of a condition originating in the perinatal period on the discharge claim • Planned admissions for: · Chemotherapy maintenance · Principle diagnosis of rehabilitation · Organ transplant · Potentially planned procedure without a principal acute diagnosis • Hospital stay if the direct transfer's discharge date occurs after December 1 of the measurement period • Hospital stays where the index admission date is the same as the index discharge date	Observation stay: **0760, 0762, 0769** Inpatient stay: **99238, 99239, 99231-99233, 99254, 99291, 99221-99223** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378, G0182**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
HFS Hospitalization Following Discharge from a Skilled Nursing Facility *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **65** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis within 30 days and within 60 days following a skilled nursing facility (SNF) discharge to the community **Skilled nursing discharge (SND):** A SNF discharge **on or between January 1 and November 1 of the measurement period** **Requirements:** Documentation/code of an unplanned/acute inpatient admissions or observation stays after SND or an appropriate exclusion	• Persons in hospice or elect to use hospice services during the measurement period • Medicare enrollees living in an institution any time during the measurement period **Claims:** • Exclude planned hospitalizations/nonacute inpatient stays with any of the following criteria on the discharge claim: – Principal diagnosis of maintenance chemotherapy or a principal diagnosis of rehabilitation – Organ transplant – A potentially planned procedure without a principal acute diagnosis	Skilled nursing stay: **0022, 0190-0194, 021H, 021M** Observation stay: **0760, 0762, 0769** Inpatient stay: **0100, 0101, 0110, 0111, 0112** **Exclusions:** Hospice encounter: **0115, 0125, 0155** Kidney transplant: **50360, 50365, 50380** Organ transplant other than kidney: **32850-32856, 33940, 44133**
HFC Acute Hospitalizations Following Outpatient Colonoscopy **New measure 2026** *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **65** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient colonoscopies - A qualifying outpatient colonoscopy episode on **or between January 1 and December 16 of the measurement period** **Measurement period:** January 1–December 31 **Requirements:** Documentation/code of an acute hospitalization within 15 days of the outpatient colonoscopy episode or an appropriate exclusion	• Persons in hospice or elect to use hospice benefits any time during the measurement period **Claims:** **Exclude outpatient colonoscopy episodes if any of the following apply:** – Occurs the day before or during an inpatient or observation stay – Occurs concurrently with a high-risk GI endoscopy procedure – Is followed by another outpatient colonoscopy within 15 days – History or current diagnosis of irritable bowel disease from 365 days before through 15 days after the episode date	Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113, 0120-0124** Observation stay: **0760, 0762, 0769** **Exclusions:** **K50.90:** Crohn's disease, unspecified, without complications **K50.00:** Crohn's disease of small intestine without complications **K51.90:** Ulcerative colitis, unspecified, without complications **K57.80:** Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding Hospice encounter: **0115, 0125, 0155, 0655**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
HFG Acute Hospitalizations Following Outpatient General Surgery **New measure 2026** *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **65** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient general surgeries - A qualifying outpatient general surgery that occurs **on or between January 1 and December 16 of the measurement period**, as identified in the denominator **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period **Claims:** • For the remaining discharges, exclude inpatient and observation stay discharges with any of the following criteria on the discharge claim: – Principal diagnosis of maintenance chemotherapy **or** rehabilitation – Organ transplant – A potentially planned procedure without a principal acute diagnosis	General surgery: **10040, 10060, 10080, 11400, 38700, 49550, 49600** *Use CPT codes that can be assigned to CCS code category.* Outpatient, ED, telephone, acute inpatient/nonacute inpatient: **98000-98009** Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113, 0120-0124** **Exclusion:** Hospice encounter: **0115, 0125, 0155, 0655**
HFO Acute Hospitalizations Following Outpatient Orthopedic Surgery **New measure 2026** *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **65** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient orthopedic surgeries - A qualifying outpatient orthopedic surgery that occurs **on or between January 1 and December 16 of the measurement period**, as identified in the denominator **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period **Claims:** • For the remaining discharges, exclude inpatient and observation stay discharges with any of the following criteria on the discharge claim: – Principal diagnosis of maintenance chemotherapy – Principal diagnosis of rehabilitation – Organ transplant – A potentially planned procedure without a principal acute diagnosis	Orthopedic surgery: **15920, 20250, 20910, 23700, 24000, 24100** *Use CPT codes that can be assigned to CCS code category.* Observation stay: **0760, 0762, 0769** Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113, 0120-0124** **Exclusions:** **Z51.0:** Encounter for antineoplastic radiation therapy **Z51.11:** Encounter for antineoplastic chemotherapy **Z51.12:** Encounter for antineoplastic immunotherapy Hospice encounter: **0115, 0125, 0155, 0655**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
HFU Acute Hospitalizations Following Outpatient Urologic Surgery **New measure 2026** *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **65** years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient urologic surgeries - A qualifying outpatient urologic surgery that occurs **on or between January 1 and December 16 of the measurement period,** as identified in the denominator **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period **Claims:** • For the remaining discharges, exclude inpatient and observation stay discharges with any of the following criteria on the discharge claim: – Principal diagnosis of maintenance chemotherapy – Principal diagnosis of rehabilitation – Organ transplant – A potentially planned procedure without a principal acute diagnosis	Urologic surgery: **50541, 51040, 52001, 52010, 53510, 54000, 55150, 55200, 57330** *Use CPT codes that can be assigned to CCS code category.* Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113, 0120-0124** Observation stay: **0760, 0762, 0769** **Exclusions:** Encounter for antineoplastic chemotherapy: **Z51.11** Kidney transplant: **50360, 50365, 50380** Organ transplant other than kidney: **32850-32856, 33940, 44133** Hospice encounter: **0115, 0125, 0155, 0655**
AHU Acute Hospital Utilization *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **18** years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement period **Measurement period:** January 1–December 31 **Requirements:** No special requirements **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period **Claims:** • For the remaining acute inpatient and observation stay discharges, exclude inpatient and observation stay discharges with any of the following criteria on the discharge claim: – A principal diagnosis of mental health or chemical dependency – Principal diagnosis of live-born infant or maternity-related principal diagnosis – A maternity-related stay – A planned hospital stay using any of the following:	Observation stay: **0760, 0762, 0769** Inpatient stay: **0100, 0101, 0110, 0111-0114, 0122, 0130-0134, 0150, 0160, 0170, 0190, 1000, 1001, 1002** **Exclusions:** Maternity: **0112, 0122, 0132, 0720, 0722, 084G, 084H, 084X, 084Z** Chemotherapy encounters: **Z51.0, Z51.11, Z51.12** Organ transplant other than kidney: **32850, 33927, 33930, 33933, 44136, 44720, 48550**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
AHU *continued*		· Principal diagnosis of maintenance chemotherapy · Principal diagnosis of rehabilitation · Organ transplant · A potentially planned procedure without a principal acute diagnosis. · Inpatient and observation stay with a discharge for death	Kidney transplant: **50360, 50365, 50380** Hospice encounter: **0115, 0125, 0155, 0655**
EDU Emergency Department Utilization *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **18** years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period **Claims:** • **Do not** include ED visits that result in an inpatient stay or an observation stay. • Exclude encounters with any of the following: - A principal diagnosis of mental health or chemical dependency - Psychiatry - Electroconvulsive therapy	ED: **99281-99285, 0450-0452, 0456, 0459, 0981** ED patient visit: **4525004** Inpatient stay: **0100, 0101, 0110, 0111-0114, 0122, 0130-0134, 0150, 0160, 0170, 1000, 1001, 1002** Observation stay: **0760, 0762, 0769** **Exclusions:** Psychiatry: **90791, 90832-90834, 90836-90840, 90845-90847, 90870, 90875, 90880, 90885, 90899** Alcohol abuse/dependence: **F10.10, F10.20** Opioid abuse/dependance: **F11.10, F11.21** Cannabis abuse/ dependence: **F12.19, F12.20** Bipolar: · Mild: **F31.11** · Moderate: **F31.12** · Severe: **F31.2**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
HPC Hospitalization for Potentially Preventable Complications *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **67** years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 persons and the risk-adjusted ratio of observed-to-expected discharges for ACSC by **chronic** and **acute** conditions **Chronic ACSC:** · Chronic kidney disease (CKD) · Diabetes short-term complications · Diabetes long-term complications · Uncontrolled diabetes (DM) · Lower-extremity amputation among patients with diabetes · Chronic obstructive pulmonary disease (COPD) · Hypertension (HTN) · Asthma · Heart failure **Acute ACSC:** · Bacterial pneumonia · Cellulitis or pressure ulcer · Urinary tract infection (UTI) **Patients listed below who are high utilizers of hospital stays will be excluded:** • **Chronic ACSC outlier:** People with three or more inpatient or observation stays with a diagnosis for chronic ACSCs during the measurement period • **Acute ACSC outlier:** People with three or more inpatient or observation stays with a diagnosis for acute ACSCs during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Medicare enrollees in an institutional SNP (I-SNP) or living long-term in an institution (LTI): - Enrolled in an I-SNP any time during the measurement period - Living long-term in an institution any time during the measurement period	Observation stay: **0760, 0762, 0769** Nonacute inpatient stay: **0022, 0118, 019-0194, 0199, 0550-0552, 0660-0663, 1000, 1001, 0180-0185, 0210-0215, 0220-0225, 0280-0285, 0650-0655, 0660-0665, 0860-0865, 018F-018K, 018X-018Z, 021F-021K, 022F-022K, 028F-028K, 065F-065K, 066X-066Z, 086F-086K, 086X-086Z** Outpatient, ED, telephone, acute inpatient and nonacute inpatient: **9800-98015, 98966-98968, 99202-99205, 99211-99215, 99221-99223, 99231-99236, 99242-99245, 99304-99310, 99347-99350, 99391-99397, 99401-99404, 99441-99443** Clinic visit/encounter, all-inclusive: **T1015** Asthma other than uncomplicated: **J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.998** COPD: **J43.8, J44.0, J44.1, J44.9** Hypertension: **I10, I11.9, I12.9, I13.10, I16.0, I16.1, I16.9** Hypertensive heart disease w/ heart failure: **I11.0, 5148006**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
HPC *continued*			Other heart failure: **I50.89** Uncontrolled diabetes: **E10.649, E10.65, E11.649, E11.65, E13.649, E13.65** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378, G0182**
EDH Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes *See NCQA HEDIS 2026 Volume 2 and the Value Set Directory for detailed code descriptions.*	Persons **67** years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of observed to expected (O/E) emergency department (ED) visits for hypoglycemia during the measurement period **Two rates are reported:** **1.** For persons 67 years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of O/E ED visits for hypoglycemia during the measurement period, stratified by dual eligibility **2.** For persons 67 years of age and older with diabetes (types 1 and 2) who had at least one dispensing event of insulin within each 180-day (6-month) treatment period from J**uly 1 of the year prior to the measurement period through December 31 of the measurement period**, the risk-adjusted ratio of O/E ED visits for hypoglycemia, stratified by dual eligibility **Measurement period:** January 1–December 31 **Requirements:** Risk adjustment calculation/ratio	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Diabetes type I: **E10.10, E10.11, E10.21, E10.22, E10.29, E10311, E10.319** Diabetes type 2: **E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319** ED: **99281-99285, 0450-0452, 0459, 0981, 4525004** Observation stay: **0760, 0762, 0769** Inpatient stay: **0100, 0101, 0110, 0111-0114, 0122, 0130-0134, 0150, 0160, 0170, 1000, 1001, 1002** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378, G0182**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Risk Adjusted Med Adherence/Medication Safety (Part D)			
RA-ADH-DIAB Medication Adherence for Diabetes (non-insulin)	People **18** years of age and older who met the proportion of days covered (PDC) threshold of 80% for non-insulin diabetes medications during the treatment period **Measurement period:** Period (in days) index prescription start date (IPSD) to the end of the measurement period, death or last day of enrollment **Requirements:** • Medicare Part D enrollees with at least 2 prescription claims for any non-insulin medication on different dates of service and meet the PDC threshold of 80% for the treatment period • No adjustments to PDC for Inpatient/Skilled Nursing Facility stays • Prescription claims only – supplemental data is **not** accepted for this measure. • Continuous enrollment with no more than one 1-day gap in enrollment during the treatment period • Treatment period must be at least 91 days during measurement period.	• Persons with ESRD diagnosis or dialysis treatment • One or more prescriptions for insulin • Persons in hospice or using hospice services during the measurement period	Paid, non-reversed claims for **non-insulin diabetes medications**
RA-ADH-RASA Medication Adherence for Hypertension (RASA antagonists)	People **18** years of age and older who met the proportion of days covered (PDC) threshold of 80% for RAS antagonists during the treatment period **Measurement period:** period (in days) from the index prescription start date (IPSD) to the end of the measurement period, death or last day of enrollment **Requirements:** • Medicare Part D enrollees with at least 2 prescription claims for any RAS antagonist medication on different dates of service and meet	• Persons with ESRD diagnosis or dialysis treatment • One or more prescriptions for sacubitril/valsartan • Persons in hospice or using hospice services during the measurement period	Paid, non-reversed claims for **RAS antagonist medications**

For Medication Safety (Part D) measures, please refer to the Pharmacy Quality Alliance (PQA) measure specifications.

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
RA-ADH-RASA *continued*	the PDC threshold of 80% for the treatment period • No adjustments to PDC for Inpatient/Skilled Nursing Facility stays • Prescription claims only – supplemental data is **not** accepted for this measure. • Continuous enrollment with no more than one 1-day gap in enrollment during the treatment period • Treatment period must be at least 91 days during measurement period.		
RA-ADH-STATIN Medication Adherence for Cholesterol	People **18** years of age and older who met the proportion of days covered (PDC) threshold of 80% for statin medications during the treatment period **Measurement period:** period (in days) from the index prescription start date (IPSD) to the end of the measurement period, death or last day of enrollment **Requirements:** • Medicare Part D enrollees with at least two prescription claims for any statin medication on different dates of service and meet the PDC threshold of 80% for the treatment period • No adjustments to PDC for Inpatient/skilled nursing facility stays • Prescription claims only – supplemental data is **not** accepted for this measure. • Continuous enrollment with no more than one 1-day gap in enrollment during the treatment period • Treatment period must be at least 91 days during measurement period.	• Persons with ESRD diagnosis or dialysis treatment • Persons in hospice or using hospice services during the measurement period	Paid, non-reversed claims for **statin medications**

For Medication Safety (Part D) measures, please refer to the Pharmacy Quality Alliance (PQA) measure specifications.

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
POLY-ACH Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	Persons **65** years of age as of the first day of the measurement period with concurrent use of at least two unique anticholinergic medications **Requirements:** • Medicare Part D enrollees with 30 or more cumulative overlapping days' supply for two different anticholinergic medications, each with two or more prescription claims on different dates of service during the measurement period • Prescription claims only – supplemental data is **not** accepted for this measure. **Measurement period:** January 1–December 31	• Persons in hospice or using hospice services during the measurement period Exclusions are required to be submitted during measurement period to qualify.	Hospice: **T2042–T2046**
COB Concurrent Use of Opioids and Benzodiazepines The percentage of individuals with concurrent use of prescription opioids and benzodiazepines.	Persons **18** years of age as of the first day of the measurement period who used opioid and benzodiazepine medications at the same time for 30 or more total days during the measurement period **Measurement period:** January 1–December 31 **Requirements:** • Medicare Part D enrollees with 30 or more cumulative overlapping days' supply for an opioid and a benzodiazepine, each with 2 or more prescription claims for both opioid (minimum cumulative 15 days' supply) and any benzodiazepines on different dates of service during measurement period • Prescription claims only - Supplemental data is **not** accepted for this measure.	• Persons with diagnosis of cancer and/or cancer related pain • Persons in hospice or palliative care or using hospice/palliative care services during the measurement period • Persons with sickle cell disease Exclusions are required to be submitted during measurement period to qualify.	**Exclusions:** With a diagnosis of cancer:**C00–C96, C4A, C7A, C7B, (*except* C27, C28, C29, C35, C36, C42, C44, C59, C87, C89)** Cancer-related pain treatment: **G89.3** *Also applicable for those with chronic pain after curative treatment* With sickle cell diagnosis: **D57** Enrolled in hospice: **T2042–T2046** Palliative care: **Z51.5**

For Medication Safety (Part D) measures, please refer to the Pharmacy Quality Alliance (PQA) measure specifications.

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SUPD Statin Use in Persons with Diabetes	Percentage of individuals ages **40-75** who were dispensed at least two diabetes medication fills on different dates of service and received at least one statin medication fill during the measurement period **Measurement period:** January 1–December 31 **Requirements:** • Prescription claims only – supplemental data is **not** accepted for this measure. • Service date range: Measurement period • Medicare Part D enrollee must be between the ages of 40-75 as of the first day of the measurement period. • Continuous enrollment with no more than one gap of enrollment up to 31 days during the measurement period • Earliest diabetes medication fill must occur at least 90 days before the end of the measurement period.	• Persons are excluded from the denominator if any of the following occur at any time during the measurement period: – Myositis, myopathy **or** rhabdomyolysis – Pre-diabetes – End-stage renal disease (ESRD) diagnosis **or** dialysis coverage dates – Cirrhosis – Pregnancy, lactation **or** undergoing fertility treatment – Polycystic ovary syndrome (PCOS) – Received hospice **Additional exclusion clarification:** • Dapagliflozin and empagliflozin single ingredient prescription claims (without additional diabetes medication claims) will **not** include an individual in this measure due to FDA-approved non-diabetes indications.	Paid non-reversed claim for statin medication **-OR-** Paid non- reversed claim for PCSK 9 inhibitor or bempedoic acid claim and no statin claim during the measurement period

For Medication Safety (Part D) measures, please refer to the Pharmacy Quality Alliance (PQA) measure specifications.

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
Measures reported using Electronic Clinical Data Systems (ECDS)			
CIS-E Childhood Immunization Status	Children **two** years of age **who had the following vaccines:** • Four diphtheria, tetanus, and acellular pertussis (DTaP) • Three polio (IPV) • Three hepatitis B (Hep B) • One measles, mumps and rubella (MMR) • Three haemophilus influenza type B (HIB) • One chicken pox (VZV) • Four pneumococcal conjugates (PCV) • One hepatitis A (Hep A) • Two or three rotaviruses (RV) • Two influenza vaccines (Flu) The measure calculates a rate for each vaccine and three combination rates. For documented history of illness or anaphylaxis, there **must** be a note indicating the date of the event, which must have occurred by the child's second birthday. **Service date range:** Child's birth up to two years of age **Requirements:** Vaccine code or exclusion code and service date	• Persons in hospice or using hospice services during the measurement period • Persons with a date of death in the measurement period • Persons who had a contraindication to a childhood vaccine or organ and bone marrow transplants on or before their second birthday	DTaP vaccine procedure: **90697, 90698, 90700, 90723** DTaP immunization: **20, 50, 106, 107, 110, 120, 146, 198** HiB immunization: **17, 46- 51, 120, 146, 148, 198** HiB vaccine procedure: **90644, 90647, 90697, 90698, 90748** Hep A immunization: **31, 83, 85** Hep B immunization: **08, 44, 45, 51, 110, 146** Hep B vaccine procedure: **90697, 90723, 90740, 90744, 90748, G0010** IPV immunization: **10, 89, 110, 120, 146** IPV procedure: **90697, 90698, 90713, 90723** Influenza immunization; **88, 140, 141, 150, 153, 158, 161, 171, 186, 320** Influenza vaccine procedure: **90655-90658, 90685-90689, 90756** Influenza virus LAIV immunization: **111, 149** LAIV vaccine procedure **90660, 90672**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
CIS-E *continued*			MMR immunization: **03, 94** MMR vaccine procedure: **90707, 90710** PCV immunization: **109, 133, 152, 215, 216** PCV vaccine procedure: **90670, 90671, 90677, G0009** Rotavirus (3 dose schedule) immunization: **116, 122** Rubella and history of rubella: **B06.00, B06.01, B06.02, B06.81, B06.9, 161421005** VZV immunization: **21, 94** Encephalitis due to diphtheria, tetanus or pertussis vaccine: **192711008, 192712001** Anaphylaxis due to diphtheria, tetanus or pertussis vaccine: **428281000124107, 428291000124105**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
IMA-E Immunizations for Adolescents	Persons **13** years of age **who had:** **1.** One dose of meningococcal vaccine between 10th and 13th birthdays – Anaphylaxis due to meningococcal vaccine on or before the 13th birthday **2.** One tetanus, diphtheria, toxoids and acellular pertussis (Tdap) vaccine between 10th and 13th birthdays – Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine on or before 13th birthday – Encephalitis due to the tetanus, diphtheria or pertussis vaccine on or before 13th birthday **3.** Completed the human papillomavirus (HPV) vaccine series between 9th and 13th birthdays – If two doses, there must be 146 days between the first and second dose of the HPV vaccine – At least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays – Anaphylaxis due to the HPV vaccine on or before 13th birthday The measure calculates a rate for each vaccine and two **combination rates**: • **Combination 1:** Numerator compliant for both the meningococcal and Tdap indicators • **Combination 2:** Numerator compliant for all three indicators (meningococcal, Tdap, HPV) **Measurement period:** January 1–December 31 **Requirements:** Vaccine code and service date or anaphylaxis due to vaccine for specific indicators	• Persons in hospice or using hospice services during the measurement period • Persons with a date of death in the measurement period	Meningococcal vaccine procedure: **90619, 90623, 90624, 90733, 90734** Meningococcal immunization: **32, 108, 114, 136, 147, 167, 203, 316, 328** HPV vaccine procedure: **90649, 90650, 90651** HPV immunization: **62, 118, 137, 165** Anaphylaxis due to diphtheria, tetanus or pertussis vaccine: **428281000124107, 428291000124105** Encephalitis due to diphtheria, tetanus or pertussis vaccine: **192710009, 192711008, 192712001**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
LSC-E Lead Screening in Children **2026 first year ECDS measure**	Children **two** years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday **Service date range:** Birth to second birthday **Measurement period:** January 1–December 31 **Requirements:** One capillary or venous blood lead screening test and the date the test was performed. A lead risk questionnaire **does not** count.	• Children in hospice or using hospice services during the measurement period • Children with a date of death in measurement period	Lead screening: **83655** Lead tests: · Lead in capillary blood: **10368-9** · Lead in serum or plasma: **10912-4** · Lead in blood: **14807-2** · Lead presence in blood: **17052-2** · Lead in venous blood: **25459-9**
BCS-E Breast Cancer Screening	Persons **40–74** years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer • Medicare Stars program age range of **50-74** years of age will not change until 2027. • Per the NCQA guidelines persons **40-74** years of age need to be managed for breast cancer screens. **Service date range:** Any time on or between October 1 two years prior to the measurement period and the last day of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Mammogram(s) or exclusion code and service date	• Persons who had a date of death, received **or** elected hospice services, **or** received palliative care at any time during the measurement period • Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) **or** living long-term in an institution (LTI) • Persons 66 years of age or older by the last day of the measurement period, with **both** frailty and advanced illness - Frailty. At least two indications of frailty with different dates of service during the measurement period - Advanced illness. Either of the following during the measurement period **or** the year prior to the measurement period: · Advanced illness on at least two different dates of service	Mammography: **77061-77063, 77065-77067** Mammogram (MG) LOINC: Bilateral: **26175-0** Left: **26176-8** Right: **26177-6** Mammogram (MG) breast screening: **24606-6** MG breast - bilateral Diagnostic: **26346-7** Digital breast tomosynthesis (DBT)bilateral screening: **72142-3** DBT Breast - bilateral diagnostic: **72139-9** **Exclusions**: **Bilateral mastectomy** · Simple mastectomy of bilateral breasts: **22418005**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
BCS-E *continued*		• Dispensed dementia medication • Persons who had a bilateral mastectomy or **both** right and left unilateral mastectomies any time during their history through the last day of the measurement period. Any of the following meets the criteria for bilateral mastectomy: - Bilateral mastectomy - Unilateral mastectomy **with** a bilateral modifier - History of bilateral mastectomy • Any combination that indicates a mastectomy of **both** the left and right side on the same date of service or different dates of service. Left mastectomy: - Unilateral mastectomy **with** a left-side modifier - Unilateral mastectomy of the left breast found in clinical data **with** SNOMED CT code 361716006 - Absence of the left breast - Left unilateral mastectomy Right mastectomy: - Unilateral mastectomy **with** a right-side modifier - Unilateral mastectomy of the right breast found in clinical data **with** SNOMED CT code 361715005 - Absence of the right breast - Right unilateral mastectomy • Gender-affirming chest surgery • Persons who had gender-affirming chest surgery **with** a diagnosis of gender dysphoria any time during their history through the last day of the measurement period	• Radical mastectomy of bilateral breasts: **76468001** • Modified radical mastectomy, bilateral: **17086001** • Prophylactic bilateral mastectomy: **726636007** **Unilateral mastectomy: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307** – **Right** unilateral mastectomy found in clinical data *with* SNOMED: **361715005** – **Left** unilateral mastectomy found in clinical data *with* SNOMED: **361716006** Absence of **left** breast: **Z90.12, 429009003, 137671000119105** Absence of **right** breast: **Z90.11, 429242008, 137681000119108** Gender-affirming chest surgery: **19318** **with** Gender dysphoria, unspecified: **F64.9** Other gender identity disorders: **F64.1, F64.2, F64.8**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
DBM-E Documented Assessment After Mammogram **Breast imaging reporting and data system (BI-RADS):** A standardized system used by radiologist to categorize mammogram results, helping to determine follow-up actions	The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons **40–74** years of age **Intake period:** December 18 of the prior measurement period to December 17 of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Documented BI-RADS assessment within 14 days of a Mammogram(s) or an exclusion code and service date	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	BI-RADS 1: **RID36028** BI-RADS 2: **RID36029** **Mammography assessments:** Need additional imaging evaluation: **397138000** Mammography: **77061, 77062, 77066** · Negative: **397140005** · Benign: **397141009** · Low suspicion of malignancy: **6121000179106**
FMA-E Follow-Up After Abnormal Mammogram Assessment **Breast imaging reporting and data system (BI-RADS):** A standardized system used by radiologist to categorize mammogram results, helping to determine follow-up actions	The percentage of episodes for persons **40-74** years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment **Intake period:** October 3 of the year prior to the measurement period to October 2 of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Appropriate follow-up for high-risk or inconclusive BI-RADS assessment or exclusion code and service date. High-risk **and** inconclusive BI-RADS assessment during the intake period that received appropriate follow-up. Appropriate follow-up is defined as either of the following: - A high-risk BI-RADS assessment result that received a breast biopsy on or within 90 days after the episode date - An inconclusive BI-RADS assessment that received a mammogram or ultrasound on or within 90 days after the episode date	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Mammography highly suggestive of malignancy: **397145000** Mammography suspicious abnormality, biopsy should be considered: **6121000179106** High risk BI-RADS: **RID36030 RID36031 RID36032 RID36033 RID36034** Inconclusive BI-RADS: **RID36036 397138000** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
CCS-E Cervical Cancer Screening	Persons **21–64** years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: • Persons **21–64** years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years • Persons **30–64** years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years • Persons **30–64** years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years **Service date range:** Measurement period plus prior four years contingent upon screening **Measurement period:** January 1–December 31 **Requirements:** Pap and/or HPV test or exclusion code and service date	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period • Persons with hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the person's history through the last day of the measurement period • Persons with sex assigned at birth of male any time during the person's history through the last day of the measurement period	Cervical cytology lab test: **88141-88143, 88150-88153, 88164-88167** **-or-** High risk HPV test: **87624, 87625, 87626** Smear: no abnormality detected no endocervical cells: **281101005** Infectious agent detection by nucleic acid HPV high-risk types for cervical cancer screening, must be performed in addition to pap test: **G0476** **Exclusions:** Hysterectomy with no residual cervix: **58150, 58262, 58552, 58553, 58554, 58570–58573** Acquired absence of both cervix and uterus: **Z90.710, 723171001** History of total hysterectomy: **428078001** History of radical hysterectomy: **429290001** Total abdominal hysterectomy: **SNOMED 116143008** Male: **LA2-8, 248153007**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
COL-E Colorectal Cancer Screening	Persons **45–75** years of age who had appropriate screening for colorectal cancer as defined by one of the following: • Fecal occult blood test during the measurement period. For administrative data, assume the required number of samples were returned, regardless of FOBT type. • Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • CT colonography during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period **Service date range:** Measurement period plus prior nine years contingent upon screening **Requirements:** Test/screening or exclusion code(s) with service date(s) - Medical record detailed documentation, test, procedure, date and results	• Persons with a date of death. Death in the measurement period. • Persons in hospice or elect to use a hospice benefit any time during the measurement period • Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period • Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI)any time during the measurement period • Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness: - Frailty. At least two indications of frailty with different dates of service during the measurement period. - Advanced illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication • History of colorectal cancer and/or total colectomy any time during the person's history through the last day of the measurement period	FOBT: **82270, 82274, G0328** sDNA FIT lab test/ Cologuard®: **81528, 0464U** LOINC: **77353-1, 77354-9** Flexible sigmoidoscopy: **G0104 45330-45335, 45337, 45340-45342, 45350** Colonoscopy: **45378, 44388, 44390, 45380, 45381, 45384, 45385, 44388, 45390, 44401-44408, G0105, G0121** SNOMED: **73761001** w/biopsy: **446745002** Fiberoptic w/biopsy: **25732003** Total: **235150006** CT colonography: **74261-74263** CT colon and rectum with air contrast PR: **60515-4** **Exclusion:** Colorectal cancer: Malignant neoplasm of cecum: **C18.0** Malignant neoplasm of appendix: **C18.9, C20** Total colectomy: **44150-44153, 44155-44158, 44210-44212, 26390003**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
AAF-E Follow-Up After Acute and Urgent Care Visits for Asthma **2026 First year measure**	Persons **5-64** years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days **An encounter between January 1 and December 1 with a diagnosis of asthma:** • Urgent care visits that result in an ED visit, the ED visit is the episode • Urgent care or ED visits that result in a nonacute inpatient stay, the urgent care or ED visit is the episode • Acute inpatient or observation stays that result in a nonacute inpatient stay, the acute inpatient or observation stay discharge is the episode **The date of service for the asthma episode:** • Acute inpatient **or** observation stay discharges; the episode date is the date of discharge • Direct transfers, the episode date is the discharge date from the last transfer admission • ED **or** urgent care visits, the episode date is the date of service. **Requirements:** Follow-up visit within 30 days post an asthma episode documented in the medical record or claim coded **Acceptable follow-up services:** Outpatient visit, telephone visit, e-visit or virtual check-in. **Do not include** visits that occur on the same day as the asthma episode **or** services provided in an urgent care setting.	• Persons with a date of death in the measurement period • Persons in hospice or elect to use a hospice benefit any time during the measurement period • Persons with a diagnosis of cystic fibrosis at any time in the person's history through the last day of the measurement period	Asthma: **J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.998** Exercise induced bronchospasm: **J45.990** Uncontrolled asthma: **1290026000** Exacerbation of mild–severe persistent asthma: **281239006, 707445000, 707446004, 707447008** Observation stay: **0760, 0752, 0769** Inpatient stay: **0100, 0101, 0110, 0112, 0130** Ambulatory visits: **98000-98016, 98980, 99404, 99411** Outpatient and telehealth: **98000, 98001-98016, 99202-99205, 99344, 99383** **Exclusions:** **E84.0:** Cystic fibrosis with pulmonary manifestations **E84.8:** Cystic fibrosis with other manifestations Cystic fibrosis: **190905008** Classical cystic fibrosis: **762269004** Hospice encounter: **T2042-T2046, G9473-G9479**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
BPC-E Blood Pressure Control for Patients with Hypertension Tips for a more accurate blood pressure (BP) reading: • ***How to Lower & Control your BP | Aetna*** • ***Helpful tips flyer***	Persons **18–85** years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Most recent systolic and diastolic BP readings taken during the measurement period *on or after* the second diagnosis of hypertension event – **Do not** include BPs taken in an acute inpatient setting or ED visit. – **If multiple readings** were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. – **Compliant:** BP is **<140/90 mm Hg** – **Non-compliant:** BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period • Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI) - Enrolled in an institutional SNP any time during the measurement period - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File • Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness: - Frailty. At least two indications of frailty with different dates of service during the measurement period. - Advanced illness. Either of the following during the measurement period or the year prior to the measurement period: · Advanced illness on at least two different dates of service · Dispensed dementia medication • Persons 81 years of age or older by the last day of the measurement period, with at	Systolic BP: **3075F:** 130-139 mm Hg **3074F:** < 130 mm Hg **3077F:** ≥ 140 mm Hg Diastolic BP: **3079F:** < than 90 (80-89 mm Hg) **3078F:** < than 80 mm Hg **3080F:** ≥ 90 mm Hg LOINC: **8480-6:** Systolic BP **8462-4:** Diastolic BP *Note: the numeric result value(s) must be included with LOINC coding.* **Exclusions:** Kidney transplant **50360, 50365, 50380, 70536003** Dialysis procedure: **90935, 90937, 90945, 90947, 90997, 90999, 99512** End stage renal disease: **N18.6, 46177005**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
BPC-E *continued*		least two indications of frailty with different dates of service during the measurement period • Persons with any of the following during their history on or prior to the last day of the measurement period: - Diagnosis that indicates end-stage renal disease (ESRD), history of nephrectomy or kidney transplant - Procedure that indicates ESRD: dialysis, nephrectomy or kidney transplant • Persons with a diagnosis of pregnancy any time during the measurement period • Persons with a nonacute inpatient admission during the measurement period **To identify nonacute inpatient admissions**: **1.** Identify all acute and nonacute inpatient stays. **2.** Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. **3.** Identify the admission date for the stay.	

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SPC-E Statin Therapy for Patients with Cardiovascular Disease **2026 First year ECDS measure** Dispensing of one high or moderate intensity statin medication **Recommendations:** ***Statin Therapy for Patients with Cardiovascular Disease NCQA & CDC***	Persons **21–75** years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria **Two rates are reported:** 1. **Received Statin Therapy:** Persons who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement period 2. **Statin Adherence 80%:** Persons who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period **Index prescription start date (IPSD):** The earliest prescription dispensing date for any statin medication of at least moderate intensity during the measurement period **Treatment period:** The beginning on the IPSD through the last day of the measurement period **Measurement period:** January 1–December 31 **Requirements:** No special requirements	• Persons in the measurement period: - With a date of death - Use hospice services or elect hospice benefit - Receiving or an encounter for palliative care - With myalgia, myositis, myopathy or rhabdomyolysis • Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through the last day of the measurement period • Persons 66 years of age or older by the last day of the measurement period. BOTH frailty and advanced illness: - Frailty. At least two indications of frailty with different dates of service during the measurement period. - Advanced illness. Either of the following during the measurement period or year prior to measurement period: · Advanced illness on at least two different dates of service · Dispensed dementia medication • Persons who during the measurement period or the year prior to the measurement period: - Received in vitro fertilization, had a diagnosis of pregnancy or dispensed at least one prescription for clomiphene - A diagnosis of ESRD, cirrhosis or who received dialysis	Non-ST elevation myocardial infarction (MI): **I21.4** Silent MI: **I25.6** MI: **I21.A9** IVF: **S4015, S4016** CABG: **33510, 33511, 33522** CABG: **33510, 33511, 33530** PCI: **92920, 92924, 92928, 92933, 92937, 92941** ESRD: **N18.6, N18.5, 46177005** Cirrhosis: **K74.5, K74.60, 19943007** Myalgia, unspecified site: **M79.10** Myalgia caused by statin: **16462851000119106** History of myalgia caused by statin: **16524291000119105** Rhabdomyolysis: **M62.82** Rhabdomyolysis due to statin: **787206005, 16524331000119104** Myositis: **M60.9** Myopathy: **G72.9** Drug-induced myopathy: **G72.0** Dialysis procedure: **90935, 90937, 90945, 90947, 90997, 90999, 99512**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
BPD-E Blood Pressure Control for Patients with Diabetes **2026 first year ECDS measure** Tips for a more accurate blood pressure (BP) reading: • ***How to Lower & Control your BP | Aetna*** • ***Helpful tips flyer***	Persons **18–75** years of age with diabetes (type 1 or 2) whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period **Measurement period:** January 1–December 31 **Requirements:** Most recent systolic and diastolic blood pressure reading and service date - **Do not** include BPs taken in an acute inpatient setting or during an ED visit. · Acute inpatient: **99221, 99222, 99223, 99231, 99232** · ED: **99281, 99282, 99283** - **If there are multiple BPs** on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. - Ranges and thresholds **do not** meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required. - **Compliant BP:** **<140/90 mmHg** - **Non-compliant BP:** ≥ 140/90 mmHg, no BP reading during measurement period or if the reading is incomplete	• Persons with a date of death in the measurement period • Persons in hospice or using hospice benefits during the measurement period • Persons receiving or had an encounter for palliative care any time during the measurement period • Medicare enrollees 66 years of age and older as of December 31 of the measurement period who meet either of the following: – Enrolled in an institutional SNP (I-SNP) **or** living long-term in an institution any time during the measurement period • Persons 66 years of age and older by the end of the measurement period with BOTH frailty and advanced illness criteria: – Frailty. At least two indications of frailty with different dates of service during the measurement period. – Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: • Advanced illness on at least two different dates of service • Dispensed dementia medication	Systolic B/P: **3075F:** 130-139 mm Hg **3074F:** < 130 mm Hg **3077F:** ≥ 140 mm Hg Diastolic B/P: **3079F:** < than 90 (80-89 mm Hg) **3078F:** < than 80 mm Hg **3080F:** ≥ 90 mm Hg LOINC: **8480-6:** Systolic BP **8462-4:** Diastolic BP *Note: the numeric result value(s) must be included with LOINC coding.* **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Hospice intervention: **99377, 99378** Palliative care: **103735009, 395669003** Seen by palliative care service: **441874000, 305824005, 305686008**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SPD-E Statin Therapy for Patients with Diabetes **2026 first year ECDS measure** **Recommendations:** ***Statin Therapy for Patients with Diabetes NCQA & CDC***	Persons **40–75** years of age during the measurement period with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria **Two rates are reported:** 1. **Received statin therapy:** Persons who were dispensed at least one statin medication of any intensity during the measurement period 2. **Statin adherence 80%:** Persons who remained on a statin medication of any intensity for at least 80% of the treatment period **Index prescription start date (IPSD):** The earliest prescription dispensing date for any statin medication of at least moderate intensity during the measurement period **Treatment period:** Begins on the IPSD through the last day of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Dispensed at least one high, moderate or low-intensity statin medication during the measurement year; apply and code all applicable exclusions.	• Persons with a date of death in measurement period • Persons who use hospice, or received palliative care during the measurement period • Persons 66 years of age or older with both frailty and advanced illness, defined as at least two frailty indicators on different dates **and** either two advanced-illness encounters **or** a dispensed dementia medication within the measurement year or the year prior • Persons who received in vitro fertilization or a diagnosis of pregnancy or dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period • Persons with a diagnosis of ESRD or cirrhosis or receive dialysis or those with at least two ASCVD diagnoses on different service dates, during the measurement period or the year prior to the measurement period • Persons with myalgia, myositis, myopathy or rhabdomyolysis during the measurement period • Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through the last day of the measurement period • Persons discharged from an inpatient setting with an MI on the discharge claim • Persons with CABG, PCI or other revascularization procedures in any setting	**Exclusions:** Myocardial infarction: **I21.A9** IVF: S4015, S4016 CABG: **33510, 33511, 33522** PCI: **92920, 92924, 92928, 92933, 92937, 92941** ESRD: **N18.6, N18.5, 46177005** Cirrhosis: **K74.5, K74.60, 19943007** Myalgia, unspecified site: **M79.10** Myalgia caused by statin: **16462851000119106** History of myalgia caused by statin: **16524291000119105** Rhabdomyolysis: **M62.82** Rhabdomyolysis due to statin: **787206005, 16524331000119104** Myositis: **M60.9** Myopathy: **G72.9** Drug-induced myopathy: **G72.0** Dialysis procedure: **90935, 90937, 90945, 90947, 90997, 90999, 99512**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
ADD-E Follow-Up Care for Children Prescribed ADHD Medication	Persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed **Two rates are reported:** 1. **Initiation phase:** Persons **6–12** years of age with a prescription dispensed for ADHD medication who had **one** follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase 2. **Continuation and maintenance (C&M) phase:** Persons **6–12** years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, **in addition to the visit in the initiation** phase, had **at least two** follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended **Intake period:** March 1 of the year prior to the measurement period through the last calendar day of February of the measurement period **Measurement period:** January 1–December 31 **Requirements:** Include visit service date(s), place of service code, and provider type **or** document the appropriate exclusion code, as applicable.	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period • Persons with a date of death during the measurement period	BH outpatient: **98000-98007, 98960, 99211-99215, 99242-99245, 99391-99397, 99510** BH outpatient: **0510** Health and behavior assessment or intervention: **96156, 96158, 96159, 96164, 96165** Hospital outpatient clinic visit for assessment and management of a patient: **G0463** Clinic visit/encounter, all-inclusive: **T1015** Telephone visit: **98008-98015, 98966-98968, 99441-99443** *-with-* Telehealth POS: **02, 10** **Exclusions:** Narcolepsy with cataplexy: **G47.411** Without cataplexy: **G47.419** Narcolepsy: **60380001** Hospice encounter: **0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659** Admission to hospice: **305336008**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
APM-E Metabolic Monitoring for Children and Adolescents on Antipsychotics	Persons **1–17** years of age who had two or more antipsychotic prescriptions and had metabolic testing **Three rates are reported:** **1.** The percentage of persons on antipsychotics who received blood glucose testing **2.** The percentage of persons on antipsychotics who received cholesterol testing **3.** The percentage of persons on antipsychotics who received blood glucose and cholesterol testing **Measurement period:** January 1–December 31 **Requirements:** Received at least one test for blood glucose or an HbA1c **or** at least one test for LDL-C or cholesterol **or** compliant for both blood glucose and cholesterol indicators	• Persons in hospice or elect to use hospice benefit any time during the measurement period • Persons with a date of death in the measurement period	Glucose lab test: **80047, 80048, 80050, 80053, 80069, 82951** HbA1c lab test: **83036, 83037** LDL C lab test: **80061, 83700, 83701, 83704, 83721** Cholesterol lab test: **82465, 83718, 83722, 84478**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
DSF-E Depression Screening and Follow-Up for Adolescents and Adults **Patient health questionnaire-9 (PHQ-9):** Tool used for screening, diagnosing and measuring the severity of depression through a self-administered questionnaire	Persons **12** years of age and older who were screened for clinical depression using a *standardized instrument* and, if screened positive, received follow-up care • **Depression screening:** Persons who were screened for clinical depression using a standardized instrument • **Follow-up on positive screen:** Persons who received follow-up care within 30 days of a positive depression screen finding **Service date range:** January 1 and December 1 of the measurement period **Requirements:** Document and code an age-appropriate standardized depression screening **with** results, **and** document and code any follow-up care provided on or within 30 days of the first positive screen.	• Persons with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period • Persons with depression that starts during the year prior to the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with a date of death in the measurement period	Follow-up visit: **98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 99202-99205, 99211-99215, 99242-99245, 99350, 99381-99387, 99391-99397, 99401-99404, 99421-99423, 99441-99443, 99483** ***-with-*** · Depressive episodes: **F32.89** · Depression, unspecified: **F32.A** · Other recurrent depressive disorders: **F33.8** · Depressive disorder: **35489007** · Chronic depression: **192080009** A diagnosis of encounter for exercise counseling: **Z71.82** Behavioral health encounter: **90833, 90834, 90836** Clinic visit/encounter, all-inclusive : **T1015** **Exclusions:** Bipolar disorder: **13746004** Bipolar disorder, currently in remission, recent episode unspecified: **F31.70** Bipolar disorder in partial remission: **5703000**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
DMS-E Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults **Patient health questionnaire-9 (PHQ-9):** Tool used for screening, diagnosing and measuring the severity of depression through a self-administered questionnaire	Persons **12** years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter, with a PHQ-9 score present in their record in the same assessment period as the encounter The measurement period is divided into **three assessment periods with specific dates of service:** 1. Assessment period 1: January 1–April 30 2. Assessment period 2: May 1–August 31 3. Assessment period 3: September 1–December 31 **Measurement period:** January 1–December 31 **Requirements:** A PHQ-9 score in the person's record during the applicable assessment period and code assessments and exclusions appropriately - **Utilization of PHQ-9 period 1:** Events with a PHQ-9 score recorded during assessment period 1 - **Utilization of PHQ-9 period 2:** Events with a PHQ-9 score recorded during assessment period 2 - **Utilization of PHQ-9 period 3:** Events with a PHQ-9 score recorded during assessment period 3	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with any of the following any time during the person's history through the last day of the measurement period: - Bipolar disorder - Personality disorder - Psychotic disorder - Pervasive developmental disorder	Major depressive disorder: **F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9, 370143000** Dysthymic disorder: **F34.1, 78667006** **Patient health questionnaire (PHQ-9):** · **44261-6** for persons 12 years of age and older · **89204-2** for persons 12–17 years of age Interactive outpatient encounter: **98000-98016, 98960-98962, 99202-99205, 99381-99387** **Exclusions:** Bipolar disorder, current episode: · Hypomanic: **F31.0** · Mild/moderate: **F31.30** · Depressed/mild: **F31.31** Bipolar disorder: **13746004** Bipolar I disorder: **371596008** Other manic episodes: **F30.8** Schizophrenia unspecified: **F20.9, 58214004** Other schizophrenia: **F20.89** **F84.0:** Autistic disorder **F84.8:** Other pervasive developmental disorders

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
DRR-E Depression Remission or Response for Adolescents and Adults **Patient health questionnaire-9 (PHQ-9):** Tool used for screening, diagnosing and measuring the severity of depression through a self-administered questionnaire	Persons **12** years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120–240 days (4–8 months) of the elevated score: • **Depression follow-up PHQ-9:** Persons who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score • **Depression remission:** Persons who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score • **Depression response:** Persons who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score **Index episode(s) start date (IESD):** The earliest date during the intake period when a person has a PHQ-9 total score >9 documented within a 31-day period, including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia **Intake period:** May 1 of the year prior to the measurement period through April 30 of the measurement period **Requirements:** Depression follow-up 120–240-day period after the IESD. Document and code all applicable exclusions appropriately. - **Depression follow-up:** PHQ-9 score documented during the follow-up period - **Depression remission:** Most recent PHQ-9 score **< 5** during the follow-up period - **Depression response:** Most recent PHQ-9 score **≥ 50% reduction** from the initial (IESD) score during the follow-up period	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with any of the following any time during the person's history through the last day of the measurement period: - Bipolar disorder - Personality disorder - Psychotic disorder - Pervasive developmental disorder	**Patient health questionnaire (PHQ-9):** - **44261-6:** for persons 12 years of age and older - **89204-2:** for persons 12–17 years of age Interactive outpatient encounter: **98000-98016, 98960-98962, 99202-99205, 99381-99387** **F33.42:** Major depressive disorder, recurrent, in full remission **F33.40:** Major depressive disorder, recurrent, in remission, unspecified **Exclusions:** **F31.0:** Bipolar disorder, current episode hypomanic **F31.31:** Bipolar disorder, current episode depressed, mild Bipolar disorder: **13746004** Bipolar I: **371596008** Other schizophrenia: **F20.89** Schizophrenia unspecified: **F20.9, 58214004** **F84.0:** Autistic disorder **F84.8:** Other pervasive developmental disorders

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
ASF-E Unhealthy Alcohol Use Screening and Follow-Up **New measure 2026**	Persons **18** years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care • **Unhealthy alcohol use screening:** Persons who had a systematic screening for unhealthy alcohol use • **Follow-up care on positive screen:** Persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use **Measurement period:** January 1–December 31. - Positive finding for unhealthy alcohol use screening between January 1 and November 1 of the measurement period **Requirements:** Documented follow-up care for positive results from a unhealth alcohol screen. Appropriate coding for follow-up or applicable exclusions. - **Unhealthy alcohol use screening:** Persons with a documented result for unhealthy alcohol use screening performed between January 1 and November 1 of the measurement period - **Follow-up care on positive screen:** Persons receiving alcohol counseling or other follow-up care on or up to 60 days after the date of the first positive screen (61 days total)	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with a diagnosis for alcohol use disorder that starts during the year prior to the measurement period • Persons with a diagnosis of dementia any time during the person's history through the last day of the measurement period	**75624-7:** Alcohol use disorders identification test (AUDIT) screening instrument (Total score ≥8) **75626-2:** AUDIT consumption (Total score ≥ 3 for woman, ≥ 4 for men) Encounter for alcohol counseling and surveillance: **Z71.41** Alcohol counseling or follow up care: **99408, 99409, 24165007** **Exclusions:** Alcohol abuse, uncomplicated: **F10.10** Alcoholism: **7200002** Dependence: **F10.20** Alcohol use: **F10.90** **G30.8:** Alzheimer's disease Unspecified**: G30.9, 26929004** **F01.518:** Vascular dementia, w/behavioral disturbance **281004:** Dementia associated w/alcoholism Dementia: **52448006** Vascular dementia: **429998004**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
TSC-E Tobacco Use Screening and Cessation Intervention **New measure 2026** **Stratifications:** Ages 12 years of age and older as of 180 days prior to the start of the measurement period · 12–17 years *(commercial and Medicaid only)* · 18–64 years · 65 and older	Persons **12** years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user **Two rates are reported:** 1. **Tobacco use screening:** Persons who were screened for tobacco use 2. **Cessation intervention:** Persons who were identified as a tobacco user and who received tobacco cessation intervention **Measurement period:** January 1–December 31 **Requirements:** Documented/coded screens **and** interventions **or** exclusions. Below is numerator compliance: 1. **Tobacco use screening:** Persons who were screened for tobacco use and identified as either a positive **or** negative tobacco user during the measurement period 2. **Cessation intervention:** Persons who received tobacco cessation intervention during the measurement period **or** 180 days prior to the measurement period. The following meet criteria: • Persons ages 12–17 as of 180 days before the measurement period who received tobacco cessation counseling during the measurement period or the prior 180 days • Persons ages 18 and older as of 180 days before the measurement period received tobacco cessation counseling or pharmacotherapy during the measurement period or the prior 180 days	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period	**Tobacco use screening:** LOINC code **72166-2** ***with*** Negative or positive · CPHS: **39240-7** · Yes: **LA33-6** · No**:** **LA32-8** Smoker: **77176002** Never smoker: **LA18978-9** Former smoker: **LA15920-4** Current every day smoker: **LA18976-3** Heavy tobacco smoker: **LA18981-3** Light tobacco smoker: **LA18982-1** Ex-smoker: **8517006** **Cessation intervention:** · Tobacco use cessation counseling: **99406, 99407** · Smoking cessation education: **225323000** · Counseling tobacco use: **711028002** · Referral for cessation counselor: **449851000124105** **Exclusions:** Palliative care encounter: **Z51.5**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
AIS-E Adult Immunization Status 2026 New COVID-19 vaccine indicator has been added for adults 65 years of age and older.	Persons **19** years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19) **Persons who meet the following criteria:** **Influenza:** • Received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, **or** • Had anaphylaxis due to the influenza vaccine any time before or during the measurement period **Td/Tdap:** • Received at least one Td or Tdap vaccine between 9 years prior to the start of the measurement period and the last day of the measurement period, **or** • History of anaphylaxis or encephalitis due to the diphtheria, tetanus or pertussis vaccine any time before or during the measurement period **Zoster:** • Received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 20, 2017, through the last day of the measurement period, **or** • History of anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period **Pneumococcal:** • Received at least one dose of adult pneumococcal vaccine on or after their 19th birthday**,** any time before or during the measurement period, **or** • History of anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Adult influenza immunization CVX: **88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320** Adult influenza vaccine procedure CPT: **90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756** Adult pneumococcal immunization CVX: **33, 109, 133, 152, 215, 216, 327** Adult pneumococcal vaccine procedure CPT: **90670, 90671, 90677, 90732** HCPCS: **G0009** Adult hepatitis B vaccine procedure (2 dose): **90739, 90743** Hepatitis B immunization (3 dose) CVX: **08, 43, 44, 45, 51, 104, 110, 220** Adult hepatitis B vaccine procedure (3 dose): **90740, 90744, 90746, 90747, 90759** Hepatitis B vaccine procedure HCPCS: **G0010** Herpes zoster recombinant vaccine CPT: **90750**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
AIS-E *continued*	**Hepatitis B:** • Received at least three doses of the childhood hepatitis B vaccine on different dates of service on or before their 19th birthday, including allowance for one dose administered at birth (within 7 days after the date of birth) • Received hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following: - At least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart; ***or*** - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service • Had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test with a finding of immunity any time before or during the measurement period, including: - A test with a result greater than 10 mIU/mL - A test with a finding of immunity • History of immunity to hepatitis B illness **or** had anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period **COVID-19:** • Received at least one dose of a COVID-19 vaccine on or between July 1 of the year prior to the measurement period through June 30 of the measurement period **and** on or after their 65th birthday • History of anaphylaxis due to the COVID-19 vaccine any time before or during the measurement period		Influenza virus LAIV immunization CVX: **111, 149** Influenza virus LAIV vaccine procedure CPT: **90660, 90672** Td immunization CVX: **09, 113, 138, 139** Td vaccine procedure CPT: **90714** Tdap vaccine procedure CPT: **90715** Adult COVID19 immunization: **309, 312, 313** Adult COVID19 vaccine procedure: **91304, 91320, 91322**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PRS-E Prenatal Immunization Status	The percentage of **deliveries** in the measurement period in which persons received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations **Any of the following meet criteria:** • **Influenza:** - Deliveries where persons received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, ***or*** - Deliveries where persons had anaphylaxis due to the influenza vaccine • **Tdap:** - Deliveries where persons received at least one Tdap vaccine during the pregnancy, **or** - Deliveries where persons had any of the following: · Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date · Encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date • **Combination:** - Deliveries that met criteria for **both** numerator influenza and Tdap **Measurement period:** January 1–December 31 **Requirements:** Document or code the delivery, vaccines, and dates of service, or document and code any applicable exclusions.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Deliveries that occur at less than 37 weeks of gestation Length of gestation in weeks is identified by one of two methods: 1. Gestational age assessment (Weeks of Gestation Value Set; value <37 weeks), ***or*** 2. Gestational age diagnosis (Weeks of Gestation Less Than 37 Value Set)	Deliveries: · Vaginal: **59400**, **59409**, **59410** · Cesarean**: 59510** · VBAC/Cesarean after prior C-section: **59622** Vaccinations: · Tdap: **90715** · Influenza virus vaccine, unspecified formulation: **88** · Adult influenza vaccine procedure: **90658** Anaphylaxis · DTaP: **428281000124107** · Influenza: **471361000124100** Encephalitis post-vaccine: · Post tetanus vaccination encephalitis: **192710009** · Post diphtheria vaccination encephalitis: **192711008** · Post pertussis vaccination encephalitis: **192712001** **Exclusions:** Hospice encounter: **0115, 0125, 0135, 0145, 0155** Hospice intervention: **99377, 99378** Weeks of gestation less than 37: · **Z3A.36** – 36 weeks · **Z3A.35** – 35 weeks

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PND-E Prenatal Depression Screening and Follow-Up	The percentage of **deliveries** in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care • **Depression screening:** Deliveries in which persons were screened for clinical depression during pregnancy using a *standardized instrument* - Deliveries January 1–December 1 of the measurement period: Screening should be performed between the pregnancy start date and the delivery date. - Deliveries December 2–December 31 of the measurement period: Screening should be performed between the pregnancy start date and December 1 of the measurement period. • **Follow-up on positive screen:** The percentage of deliveries in which persons received follow-up care on or up to 30 days after the date of the first positive screen (31 total days) - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument **Measurement period:** January 1–December 31 **Requirements:** Document and code a depression screening during pregnancy; if the screen is positive, document and code a follow-up within 30 days (31 total days), and ensure all applicable exclusions are properly documented and coded.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Deliveries that occurred at less than 37 weeks gestation Length of gestation in weeks is identified by one of two methods: - Gestational age assessment **or** - Gestational age diagnosis	Deliveries: **59400, 59409, 59610, 59620, 59622** Gestation period: · 38 weeks: **Z3A.38, 13798002** · 39 weeks: **Z3A.39, 80487005** · 40 weeks: **Z3A.40, 46230007** · 41 weeks: **Z3A.41, 63503002** · 42 weeks: **Z3A.42, 36428009** Follow-up visits: **9800-98016, 98960, 98970, 98980, 99242-99245, 99350, 99401-99404, 185389009, 390906007, 0510, 0513, 0520-0523, 0982, 0983** Clinic visit/encounter, all-inclusive: **T1015** Symptoms of depression: **394924000** Depression case management encounter: **99366, 99492, 99493, T1016, T1017, T2022, T2023** Exercise counseling: **Z71.82** **Exclusions:** Weeks of gestation less than 37: · **Z3A.36** – 36 weeks · **Z3A.35** – 35 weeks

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
PDS-E Postpartum Depression Screening and Follow-Up	The percentage of **deliveries** in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care • **Depression screening:** Deliveries in which persons were screened for clinical depression using a *standardized instrument* during the postpartum period • **Follow-up on positive screen:** Deliveries in which persons received follow-up care within 30 days of a positive depression screen finding **Measurement period:** January 1–December 31 **Requirements:** Complete and document a standardized postpartum depression screening 7–84 days after delivery, record the result, provide and date follow-up care the same day or within 30 days if the screen is positive, and document and code any applicable exclusions.	• Persons with a date of death in the measurement period • Persons who use hospice services or elect to use a hospice benefit any time during the measurement period	Deliveries CPT: **59400, 59409, 59410, 59510, 59620, 59622** Follow-up visits · CPT: **98000, 98001, 98010, 98011** · UBREV: **0510, 0 513, 0520, 0521** Hospital outpatient clinic visit: **G0463** Clinic visit/encounter, all-inclusive: **T1015** Case management each 15 minutes: **T1016** Encounter for physical activity counseling: **Z71.82** Depression case management encounter: **99366, 99492, 99493,** Symptoms of depression: **394924000** **Exclusions** Hospice encounter: **0115, 0125, 0135, 0145, 0155** Routine hospice admission: **183920000**

Quality measure	Measure narrative and requirements	Denominator exclusions	Claims codes*
SNS-E Social Need Screening and Intervention For the complete list of SNS-E screening instruments and applicable screening and positive LOINC codes, please refer to the NCQA Technical Specifications, Volume 2.	Persons who **were screened** using prespecified instruments, for unmet food, housing and transportation needs **at least once during the measurement** period, **and** the percentage of persons **with** a positive screen for food, housing **or** transportation who received an intervention corresponding to the positive screen need **within 30 days**. **Food intervention:** Positive for food insecurity. Intervention received within 30 days of positive screen (31 days total). **Housing intervention:** Positive for housing instability or homelessness. Intervention received within 30 days of positive screen (31 days total). **Transportation intervention:** Positive for transportation insecurities. Intervention received within 30 days of positive screen (31 days total). **Service date range:** Measurement period • **Insecurity** screen findings between *January 1 and December 1* of the measurement period • **Interventions** must be received within 30 days post positive screen (31 days total) **Requirements:** Document all prespecified instrument screenings (negative and positive) during the measurement period **and** document an appropriate intervention within 30 days for positive results.	• Persons who use hospice services or elect to use a hospice benefit any time during the measurement period • Persons with a date of death the measurement period • Medicare enrollees 66 years of age and older by the end of the measurement period who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement period – Living long-term in an institution any time during the measurement period	**Food insecurity procedures** · CPT: **97802-97804** · Nutritional counseling, dietitian visit: **S9470** · Home delivered meals, including preparation; per meal: **S5170** · Provision of food: **710925007** **Housing instability procedures** · Referral to social worker: **308440001** · Assessment of health and social care needs: **710824005** · Assessment for housing insecurity: **1148447008** **Transportation insecurity procedures** · Provision of transport: **228615008** · Provision of taxi: **716730006** · Coordination of care plan: **711069006**

*FOR COMMONLY USED CODES: Not a comprehensive list of codes.
For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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PQA Measures

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