# 2026 Quality Measure Guide

| Measure Name & Description | How To Close Care Gap | CPT/CPTII Codes<br>The following codes can be used to submit results for the meaure. They are not intended to be a directive of your billing practice. | Tips and Best Practices | Exclusions | Lines of Business |
|---|---|---|---|---|---|
| **Breast Cancer Screening - (BCS-E)**<br>The percentage of members ages 40-74 who had a mammogram screening within the last two years | Screening or diagnostic report of completed mammogram with date of service 2025 or 2026 | 77061, 77062, 77063, 77065, 77065, 77067 | I. This measure does not include biopsies, breast ultrasounds, or MRIs<br>II. Documentation in a member history must include the month and year of the mammogram (result is not required) | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or one year prior<br>V. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>VI. History of bilateral or unilateral mastectomy<br>VII. Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria | Medicare, Commercial, & Medi-Cal |
| **Care for Older Adults (COA) - Functional Status Assessment**<br>The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year | Assessment of Instrumental Activities of Daily Living (IADL) or assessment of at least 4: chores, cleaning/housework, cooking/meal prep, driving or using public transit, home repair, paying bills or other financial tasks, taking prescribed medications, or using a phone<br>**OR**<br>Activities of Daily Living (ADLs) or at assessment of at least 5: bathing, dressing, eating meals/snacks, getting up and down from sitting or lying position, using the restroom, or walking | 1170F | I. Assessment may be conducted via phone, in-person, or virtually<br>II. "Functional status reviewed" doesn't indciate that a completed assessment was performed | I. Members in hospice or using hospice services<br>II. Member who died | Medicare |
| **Care for Older Adults (COA) - Medication Review**<br>The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year | Medication list, signed and dated, must be included in the medical record and medication review must be completed by prescribing provider or clinical pharmacist<br>Notation within the record that the medications were reviewed<br>Signed and dated note from provider stating member is not taking any medications | 1159F (Medication list documented)<br>**and** 1160F (Review of all medications) | I. Documentation that the medications(s) aren't tolerated is not an exclusion<br>II. A review of side effects for medication does not meet compliance<br>III. Medical review conducted in an acute inpatient setting does not meet compliance<br>IV. Reviewing practitioner is not required to be members primary or ongoing care provider<br>V. Medication review can be conducted over the phone<br>VII. An RN can collect list of medications from the member but there must be evidence a practitioner reviewed the list (signature) | I. Members in hospice or using hospice services<br>II. Member who died | Medicare |
| **Cervical Cancer Screening (CCS-E)**<br>The percentage of members ages 21-64 who were screened for cervical cancer | Members ages 21-64 who had cervical cytology performed in the measurement year or two years prior (2024-2025)<br>Members ages 30-64 who had a cervical cytology/high risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior (women must have been at least 30 at time of test)<br>Members ages 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measure year or four years prior | Cervical Cytology: 88141-88143, 88147, 88148, 88150<br>High-risk HPV Test: 87624, 87625, 87626 | I. Documentation must include the words "total," "complete" or "radical" abdominal or vaginal hysterectomy to meet criteria for exclusion | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Members with sex assigned at birth (LOINC code 76689-9) or male (LOINC code LA2-8)<br>V. Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time in members history or during the measurement year | Commercial & Medi-Cal |
| **Child and Adolescent Well-Care Visits (WCV)**The percentage of members 3-21 years who had one or more comprehensive well-care visits with their PCP or OB-GYN | Comprehensive well-care visit with their PCP or OB-GYN during the measurement year | 99381-99385, 99391-99395, 99461 | I. A sports physical does not qualify for a well-care visit because it does not include health history, preventive care, behavioral or development screenings | I. Members in or using hospice services<br>II. Members who died | Commercial & Medi-Cal |
| **Childhood Immunization Status (CIS)**<br>The percentage of children who completed full vaccination series on or before their second birthday | Immunization record showing:<br>4 doses of DTaP<br>1 dose Hep A<br>3 doses Hep B<br>3 doses HiB<br>2 doses Flu<br>3 doses Polio (IPV)<br>1 dose MRR<br>4 doses PCV<br>2 or 3 doses Rotavirus (RV)<br>1 dose Chicken pox (VCZ) | DTaP: 90697, 90698, 90700, 90723<br>Hep A: 90633<br>Hep B: 90697, 90723, 90740, 90744, 90747, 90748<br>HiB: 90644, 90647, 90648, 90697, 90698, 90748<br>Flu: 90655, 90657, 90661<br>Polio (IPV): 90697, 90698, 90713, 90723<br>MRR: 90707, 90710<br>PCV: 90670, 90671, 90677<br>Rotavirus (RV): 2 Dose 90681, 3 dose 90680<br>Chicken pox (VCZ): 90710, 90716 | I. Medical record or immunization record must Include name of specific antigen and date vaccine was administered | I. Members in or using hospice services<br>II. Members who died<br>III. Members who have had a contraindication to a childhood vaccine<br>IV. Members who have had organ and bone marrow transplants | Commercial & Medi-Cal |

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| **Colorectal Cancer Screening (COL-E)**<br>The percentage of members ages 45-75 who had an appropriate screening for colorectal cancer | Medical record documentation or lab report of:<br><br>Colonoscopy - date of service during measurement year or 9 years prior (2017-2026)<br><br>Flexible sigmoidoscopy or CT colonography – date of service during measurement year or 4 years prior 2022-2026)<br><br>Cologuard/Stool DNA (sDNA) with FIT Test – date of service during measurement year or 2 years prior (2024-2026)<br><br>iFOBT, gFOBT or FIT – date of service during measurement year (2026) | Colonoscopy: 44388, 44389, 44390<br>CT colonography: 74261, 74262, 74263<br>Stool DNA (Cologuard): 81528, 77353-1<br>Flexible sigmoidoscopy: 45330-45335<br>FOBT: 82270, 82274 | I. Documentation of date of service and result in medical record meets criteria for compliance – year only is acceptable. Example: Colonoscopy completed in 2023"<br>II. Member refusal is not an exclusion | I. Members in hospice or using hospice services<br>II. Members receiving palliative care<br>III. Members who died<br>IV. Members who had colorectal cancer or a total colectomy any time during member's history or through 12/31/26<br>V. Medicare members 66 and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution as of 12/31/26<br>VI. Members 66 or older with two diagnoses of frailty on two different dates of service during measurement year and a diagnosis of advanced illness during the measurement year or year prior | Medicare, Commercial, Medi-Cal |
| **Concurrent Use of Opioids and Benzodiazepines (COB)**<br>The percentage of Medicare Part D beneficiaries ages 18 and older with two or more claims of the same or different prescription opiods and benzodiazepines | Concurrent use of opioids and benzodiazepines must be avoided or limited to less than 30 cumlative overlapping days in the measurement year | | I. Lower rate represents better performance | I. Members with at least one day of hospice coverage<br>II. Members receiving palliative care (Z51.5)<br>III. Members diagnosed with cancer or cancer related pain treatment<br>IV. Members diagnosed with Sickle Cell Disease | Medicare |
| **Controlling High Blood Pressure (CBP)**<br>The percentage of members ages 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled <140/90 mmHg during the measurement year | Medical record, progress notes, or vitals sheet with BP <140/90 mmHg and date of service during the measurement year documented | Systolic blood pressure 130-139 mm Hg - 3075F<br>Systolic blood pressure <130 mmHg - 3074F<br>Systolic blood presure >/=140 mmHg - 3077F<br><br>Diastolic blood pressure 80-89 mmHg - 3079F<br>Diastolic blood pressure <80 mmHg - 3078F<br>Diastolic blood pressure level >/=90 mmHg-3080F | I. BP reading must be on or after the second hypertension diagnosis and must be the most recent BP value performed within the measurement year<br>II. Member report BP readings taken during telehealth or telephone visits must be taken using a digital device and the documentation must state it was taken with digital/electronic device<br>III. BP taken during an acute inpatient stay or same day as diagnostic test does not meet criteria for compliance | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Members with a diagnosis of pregnancy<br>V. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>VI. Members ages 66-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior<br>VII. Members ages 81 and older as of 12/31/26 who had at least two diagnoses of frailty on different states of service<br>VIII. Member on dialysis, end-stage renal disease, kidney transplant, or nephrectomy on or before 12/31/26 | Medicare, Commercial, Medi-Cal |
| **Eye Exam for Patients With Diabetes (EED)**<br>Percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had one of the following: Retinal or dilated eye exam by an optometrist or ophthalmologist during measurement year, Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to measurement year, Bilateral eye enucleations any time during their history or through 12/31/23 | Dilated or retinal eye exam, fundus photography, exam notes evidence with or without diabetic retinopathy, or evidence of bilateral eye enucleation or acquired absence of both eyes | Diabetic eye exam without evidence of retinopathy: 2023F, 2025F, 2033F<br><br>Diabetic eye exam with evidence of retinopathy: 2022F, 2024F, 2026F<br><br>Diabetic retinal screening negative in year prior (can be billed by any provider): 3072F | I. Members without diabetic retinopathy should have an eye exam every 2 years<br>II. Members with diabetic retinopathy should have an eye exam every year<br>III. If documenting history of a dilated eye exam in a member's chart, and you don't have the eye exam report, you must include date of service, test, result, and optometrist or ophthalmologists name (example: "Last diabetic eye exam with Jane Smith, OD, was 09/16/25 with no retinopathy") | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>V. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service and a diagnosis of advanced illness during measurement year or year prior<br>VI. Bilateral eye enucleation or bilateral absense of eyes any time during the members history or through 12/31/26 | Medicare, Commercial, Medi-Cal |
| **Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)**<br>The percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit | Schedule an outpatient, telephone, or telehealth visit within 7 days of ED visit date | Transitional care management: 99495, 99496<br>Outpatient or telehealth visit: 98000-98016 | I. This measure applies to ED visits only, if the patient is admitted to the hospital this measure does not apply<br>II. If the patient cannot be seen within 7 days, they need to have an appointment within 30 days of the ED visit | I. Members in or using hospice services<br>II. Members who died | Medicare |
| **Glycemic Status Assessment for Patients with Diabetes <8.0% (GSD)**<br>The percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under >8.0% | HbA1c test result completed during the measurement year | HbA1c <7.0% - 3044F<br>HbA1c >/= 7.0% and 8.0% - 3051F<br>HbA1c >/= 8.0% and </= 9.0%: 3052F<br>HbA1c > 9.0% - 3046F | I. The last result taken during the measurement year is counted for compliance<br>II. Ranges and thresholds do not meet compliance<br>III. If A1c is completed in-house, the date of service must be included with the result, the date on the progress note does not meet criteria for compliance | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>V. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior | Commercial |
| **Glycemic Status Assessment for Patients with Diabetes <9.0% (GSD)**<br>The percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under >9.0% | HbA1c test result completed during the measurement year | HbA1c <7.0% - 3044F<br>HbA1c >/= 7.0% and 8.0% - 3051F<br>HbA1c >/= 8.0% and </= 9.0%: 3052F<br>HbA1c > 9.0% - 3046F | I. The last result taken during the measurement year is counted for compliance<br>II. Ranges and thresholds do not meet compliance<br>III. If an A1c is completed in-house, the date of service must be included with the result, the date on the progress note does not meet criteria for compliance | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>V. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior | Medicare & Medi-Cal |
| **Immunizations for Adolescents (IMA)**<br>The percentage of adolescents age 13 who completed full vaccination series by their 13th birthday | Immunization record showing by members 13th birthday:<br>1 dose Meningococcal vaccine<br>1 dose Tdap<br>At least 2 doses HPV | HPV: 90649, 90650, 90651<br>Meningoccal: 90619, 90623, 90624<br>Tdap: 90715 | I. Doses must be administered on or between the 10th and 13th birthdays<br>II. HPV doses must be at least 146 days between first and second dose | I. Members in or using hospice services<br>II. Members who died | Commercial & Medi-Cal |

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| **Kidney Health Evaluation for Patients with Diabetes (KED)**<br>The percentage of members ages 18-85 with diabetes (Type 1 and Type 2) who had a kidney health evaluation in the measurement year | **Both** an eGFR and a uACR test are required on the same or different | eGFR: 80047, 80048, 80050<br><br>uACR: 13705-9, 14958-3 | I. Order and request labs prior to the members appointment to allow for discussion of results during the office visit | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution<br>V. Members ages 66-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior<br>VI. Member with evidence of ESRD or dialysis | Medicare, Commercial, Medi-Cal |
| **Lead Screening in Children (LSC-E)**<br>The percentage of children who turn two during the measurement year who had one or more lead blood tests by their second birthday | Documentation of venous blood test with date of service and result | 83655 | I. Only one screening is required by the child's second birthday<br>II. Ideal screening is between 9-12 months of age | I. Members in or using hospice services<br>II. Members who died | Medi-Cal |
| **Medication Adherence: Cholesterol (MAC), Hypertension (MAH), Diabetes (MAD)**<br>Members ages 18 and older with a prescription for diabetes, hypertension (RAS antagonists), or cholesterol (statins) medications who fill their prescription often | A member must have a proportion of days covered (PDC) of 80% or higher by 12/31/26 | | I. Medication Adherence will be single-weighted for MY26 and back to triple weighted in MY27<br>II. Consider 90 day or 100 day fills | I. Members with diabetes who are taking insulin (MAD only)<br>II.Members with one or more prescription claim for sacubitril/valsartan (MAH only)<br>III. Members in hospice or using hospice services<br>IV. ESRD or dialysis | Medicare |
| **Osteoporosis Management in Women Who Had a Fracture (OMW)**<br>The percentage of members ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture date | DEXA Scan within 6 months of the fracture date **or** osteoporosis medication dispensed within 6 months of the fracture date (pharmacy data) | 76977, 77080, 77081, 77085, 77086 | I. If the fracture resulted in an inpatient stay, a BMD test or osteoporosis therapy administered during the stay meets criteria for compliance | I. Members in hospice or using hospice services<br>II. Member who died<br>III. Members receiving palliative care<br>IV. Members who had a BMD test 24 months prior to the fracture<br>V. Members who had osteoporosis therapy 12 months prior to the fracture<br>VI. Members who were dispensed a medication or had an active prescription for the medication to treat osteoporosis 12 months prior to the fracture<br>VII. Members ages 81 and older as of 12/31/26 who had at least two diagnoses of frailty on two different dates of service during measurement year<br>VIII. Members ages 67-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service and a diagnosis of advanced illness during measurement year or one year prior<br>IX. Medicare members ages 67 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution | Medicare |
| **Plan All-Cause Readmissions (PCR)**<br>The risk-adjusted ratio of observed-to-expected unplanned acure readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acutre hospitalization for members 18 and older | Schedule an outpatient, telephone, or telehealth visit after inpatient discharge to potentionally avoid readmission into the hospital | | I. A lower rate indicates a better score for this measure | I. Members in or using hospice services<br>II. Members who died during the inpatient stay<br>III. Members with a principal diagnosis of pregnancy on the discharge claim<br>IV. Acute hospitalizations where the discharge claim has a diagnosis for chemotherapy, organ transplant, or potentionally planned procedure w/out a principal acute diagnosis | Medicare, Commercial, Medi-Cal |
| **Polypharmacy - Use of Multiple Anticholinergies Medications in Older Adults (Poly-CH)**<br>The percentage of Medicare Part D beneficiaries ages 65 and older with consurrent use or two or more unique anticholinergic medications on different dates of service during the measurement year | Concurrent use of two or more anticholinergics must be avoided or, if necessary, limited to less than 30 days during the measurement year | | I. Lower rate represents better performance | I. Members with at least one day of hospice coverage during the meaurement year | Medicare |
| **Prental and Postpartum Care (PPC)**<br>The percentage of women who have live births on or between 10/08/25 and 10/07/26 that include of the following | Timeless of prenatal care - women who had a live birth who received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment w/a diagnosis of pregnancy<br><br><u>Postpartum care</u> - women who had a live birth who had a postpartum visit on or between 7-84 days after delivery | Prenatal w/diagnosis of pregnancy: 98000-98016<br><br>Postpartum care: 57170, 58300, 59430, 99501 | I. Acceptable provider types to render prenatal care services: OB-GYN and Physician, or CNM, NP, or PA under the direction of an OB-GYN or physician | I. Members in or using hospice services<br>II. Members who died<br>III. Pregnancy didn't result in a live birth<br>IV. Delivery wasn't in date parameters | Commercial & Medi-Cal |
| **Statin Therapy for Patients with Cardiovascular Disease (SPC-E)**<br>The percentage of members ages 21-75 the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one fill of high or moderate intensity statin medication during the measurement year | Prescribe a high or moderate intensity statin during measurement year | | I. Bill exclusions early in the measurement year | I. Members who died<br>II. Members in hospice or using hospice services<br>III. Members receiving palliative care (Z51.5)<br>IV. Members diagnoses with the following side effects: myalgia, myositis, myopathy, or rhabdomyolysis<br>V. Members with a diagnosis of cirrhosis, ESRD, dialysis, pregnacy, or in vitro fertilization<br>VI. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior | Medicare |
| **Statin Use in Persons with Diabetes (SUPD)**<br>The percentage of Medicare members age 40-75 who were dispensed at least two diabetes medications and also received a stain medication fill during the measurement year | Prescribe least 1 statin or statin combination medication of any strength or dose during the measurement year | | | I. Members in hospice or using hospice services<br>II. Members who filled a PSCK9 inhibitor or bempedoic acid during the measurement year and do not have a statin fill or other exclusion<br>III. Members with a diagnosis of ESRD, dialysis, lactation, pregnancy, cirrhosis, PCOS, pre-diabetes, fertility, rhabdomyolysis, or myopathy | Medicare |

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| **Transitions of Care – Inpatient Admission Notification (TRC-RA)**<br>For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a notification of inpatient admission documented the date of or 2 days after the admission (3 days total) | Medical record documentation about the admission can include record of a discussion or information transfer between inpatient staff/provider and the members PCP, Health information exchange (HIE), automated admission/discharge transfer (ADT) or shared EMR system with the members PCP, evidence the PCP communicated with the ED about admission or medical record documentation, members PCP admitted member to the hospital, or a specialist admitted the member to the hospital and notified the members PCP | | I. Admission is defined as the date of the inpatient admission or the date of admission when an OBVS turns into an inpatient admission | I. Members in or using hospice services<br>II. Members who died | Medicare |
| **Transitions of Care – Medication Reconciliation Post-Discharge (TRC-MRP)**<br>For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with medication reconciliation documented on the date of the discharge through 30 days after the discharge (31 days total) | Documentation of current medications and discharge medications reconciled and reviewed on the same date of service by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge or 30 days after (31 days total) | 1111F | I. Document if no medications were prescribed at discharge | I. Members who died | Medicare |
| **Transitions of Care – Patient Engagement After Inpatient Discharge (TRC-PE)**<br>For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with engagement documented within 30 days of the discharge date | Member engagement with provider in any of the following settings: outpatient visit (office or home), telephone visit, telehealth visit, virtual check-in between member and provider, or transitional care management | 99483, 99345 | I. Do not include patient engagment on the same date of discharge | I. Members in or using hospice services<br>II. Members who died | Medicare |
| **Transitions of Care – Receipt of Discharge Information (TRC-RD)**<br>For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a receipt of discharge information documented the day of or 2 days after discharge (3 days total) | PCP or ongoing provider has access to discharge information on the day of discharge or two days after (3 days total) via discharge summary, summary of care record, or noted in EHR | | I. Home health records or skilled nursing facility minimum data set (MDS) form meets criteria for compliance | I. Members who died | Medicare |
| **Well-Child Visits in the First 30 Months of Life (W30)**<br>The percentage of members who turned 15-30 months old during the measurement year and had the recommended number of well-child visits with a primary care providers | Children 0-15 months: 6 or more well-child visits in the first 15 months of life<br><br>Children 15-30 months old: 2 or more well-child visits between 15-30 months of age | 99381-99385, 99391-99395, 99461 | | I. Members in or using hospice services<br>II. Members who died | Commerical & Medi-Cal |