Medicaid Quality Performance
Quick Reference Guide

MEASUREMENT YEAR 2025

Approved 1/30/25

Medicaid Quality Performance
Quick Reference Guide

Trillium Community Health Plan strives to provide quality healthcare to our membership as measured through quality metrics. We created this Quick Reference Guide to help you increase your practice's performance rates and to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the codes are covered prior to submission.

WHAT ARE THE RATES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

HOW ARE RATES CALCULATED?

Medicaid rates can be calculated in multiple ways.

- **Administrative data**- consists of claim or encounter data submitted to Trillium.
- **Hybrid data**- consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data.
- **EHR data**- consists of aggregate measure level data extracted from a provider's EMR system and submitted to the health plan via an excel template created by the Oregon Health Authority.

HOW CAN I IMPROVE MY RATES?

Quick Reference Guide

- Trillium Community Health Plan has created this document along with a medical coding guide for your team to refer to.
- This document is based on the 2025 technical specifications from each measure's respective measure steward.

Charting, Medical Coding and Billing

- Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.
- Submit claim or encounter data for each and every service rendered.
- Make sure that chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Ensure that all claim and encounter data are submitted in an accurate and timely manner.
- Consider including CPT II codes to provide additional details and reduce record requests.

Trillium's Provider Analytics

- Work with your Quality Contact to learn how to access your data securely
- Training is available to help you understand your data and how to address your care gaps.
- Chart proof submitted through the portal must be submitted as a single file and include all the following:
    - Two patient identifiers:
        - Typically consists of patient name and date of birth.
        - Recommend submission of patient demographic sheet.
    - Documentation outlined in the numerator description for each respective measure.
    - Date of Service.
- Please use the following naming convention for any document uploaded- "Patient last name_First name_measure ID_clinic name"

Data and Medical Records

- Consider providing Trillium Community Health Plan with read-only EMR access to the medical records of Trillium members.
    - Benefits
        - Less Strain on Staff- Remote access allows Trillium/Health Net to collect charts/complete reviews without needing to request them from the provider and putting a strain on their staff (particularly during HEDIS season when they are getting requests from all payers).
        - Avoids having to go back to provider for additional records- The retrieval rate is more complete and avoids potential provider abrasion from not having to contact them for records or asking for additional records if they did not send everything we need the first time.
        - Avoids the use of a vendor- Direct access also helps to avoid using a vendor or copy service, which historically has been a pain point for all involved.
        - Benefits in other areas such as retrieval for RA, medical determinations.

Staff and Team Education

- Trillium Community Health Plan has educational documentation for you and your team. Let us know how we can help.

QUESTIONS?

https://www.trilliumohp.com/providers.html

1-877-600-5472 (TTY/TDD: 711)

Last updated: January 2025

TABLE OF CONTENTS

CCO Measures

Assessments for Children in DHS Custody

The percentage of children/adolescents (0-17 years) who received each of the following age-appropriate assessments (physical, mental, and dental) within 60 days of the state notifying the CCO that the child was placed into custody with the Department of Human Services (DHS).

Measure Utility	CCO Incentive
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 Assessments for Children in DHS Custody Specifications
Deviations from Cited Specs	N/A
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	93.2%

<table>
<tr><th>Element</th><th>Notes</th></tr>
<tr><td>Denominator</td><td>Members 0 – 17 years of age as of the first date of DHS/OHA notification and remained in DHS custody for at least 60 days. OHA continues to use the CCO notification files as the main source for identifying denominator cases for the measure.</td></tr>
<tr><td>Numerator</td><td>Children/adolescents in the denominator who received all age-appropriate assessments during the measurement period.
<table>
<tr><th>Age on CCO Notification Date</th><th>Physical</th><th>Dental</th><th>Mental</th></tr>
<tr><td>Less than 1 year old</td><td>Yes</td><td>No</td><td>No</td></tr>
<tr><td>1 to 2 years old</td><td>Yes</td><td>Yes</td><td>No</td></tr>
<tr><td>3 to 17 years old</td><td>Yes</td><td>Yes</td><td>Yes</td></tr>
</table>
(1) Physical health assessment (all ages, 0-17):
- Outpatient and office evaluation & management
- Preventative visit
- Annual wellness visit
(2) Dental health assessment (ages 1-17):
- Clinical oral evaluation
(3) Mental health assessment (ages 3-17):
- Psychological assessment & intervention
- Mental health assessment, by non-physician with CANS assessment
- Behavioral health; long-term residential (>30 days)
- Psychiatric health facility service, per diem
- Community psychiatric supportive treatment program, per diem
Visits with CPT 99201-99205 can count as both physical and mental health assessments if paried with the following diagnosis codes:
<table>
<tr><th>Source</th><th>ICD-10CM Diagnosis Codes</th></tr>
<tr><td>Mental Health Diagnosis</td><td>F03, F20-F52, F59-F69, F80-F99 (291 codes total)</td></tr>
<tr><td>Diagnosis related to child abuse or neglect</td><td>T74.02xA, T74.02xD, T74.12xA, T74.12xD, T74.22xA, T74.32xA, T74.32xD, T74.22xD, T76.02xA, T76.02xD, T76.12xA, T76.12xD, T76.22xA, T76.22xD, T76.32xA, T76.32xD, T76.92xA, T76.92xD</td></tr>
</table>
</td></tr>
</table>

Measurement Period	Cases with First Notification Date November 1, 2024 – October 31, 2025
Exclusion(s)	**Required:** • CCO did not receive notification from OHA on the child • Was not enrolled with the CCO or did not meet the continuous enrollment criteria. • Entered DHS custody/substitute care more than 30 days prior to OHA notification • Custody was transferred to Oregon Youth Authority (OYA) during the 60 days following CCO notification. • Run-away status during the 60 days following CCO notification are identified from OR-Kids and excluded. **Required Exceptions** (did not complete all required assessments in time): • Delayed start of enrollment • Already in 'Trial Reunification' when the CCO was notified, or their status changed to 'trial reunification' anytime within the 60-day assessment period as indicated in OR-Kids data. **Exceptions** (Following OHA review of supporting evidence): Placed in a rehabilitation, residential treatment facility or in OYA detention at an out of service area for the CCO or the local DHS instructed the CCO to not follow up with the case. (The CCO needs to preserve communication records for OHA review and determination.)

Child & Adolescent Well-Care Visits (WCV), ages 3-6

The Percentage of children (3-6 years) that had a well-child visit during the measurement period. Not telehealth eligible for MY2025.

Measure Utility	CCO Incentive
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	Final 2025 Child and Adolescent Well-Care Visits Specifications
Deviations from Cited Specs	• HEDIS WCV requires reporting three age stratifications: 3-11, 12-17, and 18-21. • OHA further stratifies the first group to age 3-6, and 7-11 so the incentivized measure can be reported separately.
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmarks	70.0%

Element	Notes
Denominator	**Members aged 3-6 years of age** as of December 31 of the measurement year
Numerator	Children in the denominator who received at least **one comprehensive well-child visit with a PCP or OB/GYN** during the measurement period. **Note:** Refer to the Health Systems Division (HSD) List to see which provider types qualify for PCP or OB/GYN status.
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required:** • Hospice claim during the measurement year • Members who died in the measurement year

Best Practices & Resources:

- Adopt current Bright Futures guidelines for all age groups.
- Develop a strategic outreach plan:
  - Outreach members who were not seen in the prior year.
  - Call new members to schedule their annual visit.
  - Send postcards and/or text reminders of the importance of timely checkups.
  - Schedule multi-child families together on the same day.
- Optimize clinic workflow and panel management techniques:
  - Set up reminder reports and/or flags/reminders in EHR to proactively identify visits that are due.
  - Identify barriers in getting care (i.e., lack of transportation-> Trillium can assist).
  - Adopt flexible administrative and appointment booking procedures. Consider adding evening and/or weekend clinic hours, or drop-in appointments.
  - Host a special event to target well-child visits.
- Address missed opportunities to provide well visit.
  - Optimize health information technology systems to enable providers to quickly identify whether the youth is due for a well visit when they schedule an acute care visit.
  - Develop front-office procedures that trigger automatic reviews (i.e., chart scrub) to see if youth is due for a well visit when they call to schedule an acute care visit.

Childhood Immunization Status (CIS)

The percentage of children (2 years old) that had completed the vaccine series by their second birthday.

Measure Utility	CCO Incentive (Combo 3) & Health Plan Rating System (Combo 10)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	Final 2025 Childhood Immunization Status Specifications
Deviations from Cited Specs	HEDIS allows numerator credit for anaphylaxis due to HiB and HepB, and anaphylaxis or encephalitis due to DTaP. However, these conditions can only be identified by SNOMED CT codes in EHR, not in ALERT or claims data therefore OHA will not be able to implement.
Gap Closure Methodology	Administrative & ALERT IIS; (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	**CCO** (Combo 3): 69.0% **HPRS** (Combo 10): 31.32%

Element	Notes
Denominator	**Members who turn 2 years of age** during the measurement year
Numerator	Children in the denominator who **met any of the following outlined in each category** below: **1) Diphtheria, tetanus, or pertussis (DTaP)** – ○ 4 DTAP doses with different DOS on or before 2nd birthday. ○ Anaphylaxis or encephalitis due to DTAP vaccine *(HPRS- Combo 10 only)* **2) Inactivated Polio Vaccine (IPV)** – ○ 3 IPV doses with different DOS on or before 2nd birthday. *Note:* Excluded if administered prior to 42 days after birth. **3) MMR** – ○ 1 MMR dose on or between first and second birthday. ○ History of all the following on or before second birthday ○ Do not include laboratory claims (claims with POS code 81) ▪ measles illness ▪ mumps illness ▪ rubella illness **4) Haemophilus Influenzae Type B (HiB)** – ○ 3 Hib vaccines with different DOS on or before 2nd birthday. *Note:* Excluded if administered prior to 42 days after birth. ○ Anaphylaxis due to HiB vaccine *(HPRS-Combo 10 only)* **5) Hepatitis B (HepB)** – ○ Do not include laboratory claims (claims with POS code 81). ○ 3 Hep B doses with different DOS on or before 2nd birthday *Note:* One of the three vaccinations can be a newborn hep B vaccination given within the 1st eight days of life. ○ History of Hep B illness. ○ Anaphylaxis due to Hep B Vaccine *(HPRS- Combo 10 only)*. **6)** *(New)* **Pneumococcal Vaccine (PCV) -** ○ 4 PCV doses with different DOS on or before 2nd birthday. *Note:* Excluded if administered prior to 42 days after birth. **7) Varicella Zoster (VZV**) – ○ Do not include laboratory claims (claims with POS code 81).

<table>
<tr>
<td></td>
<td>

1 VZV dose on or between 1st and 2nd birthday.
History of Varicella Zoster (e.g., chicken pox) illness any time on or before the second birthday.

8) Hepatitis A (HepA)

1 Hep A dose between the first and second birthday.
History of Hep A illness on or before the second birthday.

9) Rotavirus (RV)-

2 doses of the 2-dose RV vaccine with different DOS on or before second birthday.
(CVX Code 119; Rotavirus Vaccine (2 Dose Schedule) Procedure Value Set)
3 doses of the 3-dose RV with different DOS on or before second birthday.
1 dose of the 2-dose RV vaccination and 2 doses of the 3-dose RV vaccination with different DOS on or before second birthday.

Note: Vaccine doses will be excluded if administered prior to 42 days after birth.

Anaphylaxis due to the RV vaccine.

10) Influenza-

2 influenza doses with different DOS on or before second birthday.

Notes:

Excluded if administered within the 1st six months of life.
One of the two vaccinations can be an LAIV; administered on the child’s second birthday (not prior).

Vaccine Requirements for the combinations outlined above:
<table>
<tr><th>Combo</th><th>Dtap</th><th>IPV</th><th>MMR</th><th>HiB</th><th>HepB</th><th>VZV</th><th>PCV</th><th>HepA</th><th>RV</th><th>Influenza</th></tr>
<tr><td>Combo 3</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td><td>No</td></tr>
<tr><td>Combo 7</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td></tr>
<tr><td>Combo 10</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr>
</table>

❖ Did you know that there is a newer hexavalent combination vaccine (DTaP-IPV-Hib-HepB) that can be administered at the child’s 2-, 4-, and 6-month checkups? Read more here.

Important:

Please visit the CDC website for further guidance on Child and Adolescent Immunization Schedules.

</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>Varies (Refer to numerator criteria for details)</td>
</tr>
<tr>
<td>Exclusion(s)</td>
<td>
Required:

Hospice claim during the measurement year
Members who died in the measurement year
Severe combined immunodeficiency
Immunodeficiency
HIV
Lymphoreticular cancer, multiple myeloma, or leukemia
Intussusception

</td>
</tr>
</table>

Suggested strategies to increase immunization rates:

Office Workflows:

- Routinely assess performance rates to identify any opportunities to improve performance.
- Monitor immunization data quality and submission to ALERT IIS.
- Use Standing Orders so RNs, PAs and MAs can assess and administer according to protocol.
- Offer "Immunization only" appointments with a nurse or MA.
- Build a culture of immunization in the clinic.
- Document adverse reactions to immunizations such as anaphylaxis and encephalitis using the appropriate ICD-10 codes.

Patient Outreach:

- Utilize Client Reminder and Recall Systems in ALERT IIS or in EHR to identify patients who are behind on immunizations.
- Schedule appointments within the required time frame with the last visit at 18 months.
- Call parents and/or give appointment cards to remind parents when vaccinations are due.
- Schedule visits to "catch up" on immunizations.
- Contact patients who miss appointments within 3 to 5 days to reschedule.

At Time of Visit:

- Review child's immunization record in ALERT IIS before every visit (including sick visits) and administer all needed vaccines as medically appropriate.
- Do not forget to document any history of illness.
- Forecast for immunizations at every encounter letting parents know what immunizations are due next and when.
- Provide education for caregivers on the importance of immunizations.
    - Personally recommend immunizations to parents at every encounter.
    - Use key messages to effectively communicate with parents and patients about the importance of vaccines.
    - Distribute patient education materials as needed to reinforce in office discussions.
- Schedule the next well-child visit or vaccination visit before the patient leaves the office.

Cigarette Smoking Prevalence (CSP)

The percentage of members (13+ years) who currently smoke cigarettes or use other tobacco products during the measurement period.

Measure Utility	CCO Incentive
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 Cigarette Smoking Prevalence Specifications
Deviations from Cited Specs	Multiple changes have been made in the value sets for encounter types.
Gap Closure Methodology	EHR Data (Refer to Appendix C and Appendix D to get started)
2025 Benchmark(s)	**Reporting Only**. Please Note: To earn for the EHR measures providers must continue to submit all the measures previously submitted, regardless of the measure's incentive eligibility.

Element	Notes
Denominator	**Unique Members 13 years of age or older** by the beginning of the measurement year with a **qualifying visit** during the measurement year (Rate 1). Refer to Appendix D for qualifying visits.
Numerator	Members in each respective denominator who had: **(1) Tobacco Screening Rate:** smoking and/or tobacco status recorded as structured data anytime during the respective measurement period (not required on date of visit but cannot be older than 24 months). Note: Screening is not required at every visit, utilize the most recent screening to de-duplicate members. If smoking or tobacco use has been recorded multiple times by several providers in the same clinic the member will be in the denominator and numerator once. ✓ *Data Validation:* Cannot exceed Rate 1 Denominator and will be equal to the Prevalence Denominator. **(2) Smoking Prevalence:** Most recent cigarette smoker use status recorded. - Current every day smoker - Heavy tobacco smoker - Current some day smoker - Light tobacco smoker - Smoker, current status unknown ✓ *Data Validation:* Cannot exceed the Rate 3 numerator. **(3) Tobacco Use Prevalence:** Most recent tobacco use status recorded. Include the cigarette smoking categories above and any other use of tobacco products: - Tobacco use/exposure-finding - Tobacco chewing- finding - Snuff use-finding - Moist tobacco use- finding - Maternal tobacco use - Tobacco smoking behavior-finding *(including cigars)* ✓ *Data Validation:* This rate should be greater than the Rate 2 numerator and less than the Rate 1 denominator. **Exclude** e-cigarettes, marijuana, & nicotine replacement therapy (NRT). EHR modifications may be necessary to chart these separately. **Note:** This data is extracted via custom query from structured EHR data. Any combination of "yes" responses qualifies.
Measurement Period	**(1) Screening:** January 1, 2024 – December 31, 2024 **(2 & 3) Prevalence:** January 1, 2025 – December 31, 2025
Exclusion(s)	Members in Hospice

Depression Screening and Follow-Up Plan *(CMS2v14)*

The percentage of members (12+ years) screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the eligible encounter.

Measure Utility	CCO Incentive
Measure Steward	Centers for Medicare & Medicaid Services (CMS)
Technical Specification	Final 2025 Depression Screening Specifications
Deviations from Cited Specs	N/A
Gap Closure Methodology	EHR Data (Refer to Appendix C and Appendix D to get started)
2025 Benchmark(s)	73.8%

Element	Notes
Denominator	**Members aged 12 years of age and older** at the beginning of the measurement year with at least one eligible encounter during the measurement year.
Numerator	Members in the denominator who received a depression screening on the date of the encounter or up to 14 days prior using an age-appropriate standardized depression screening tool AND if positive, had a follow-up plan created and documented on the date of or up to two days after the eligible encounter, such as referral to a practitioner who is qualified to treat depression, pharmacological interventions, or other interventions for the treatment of depression. Screening Tools: • Document the name of the age-appropriate standardized, and validated depression screening tool in the medical record. • The depression screening must be reviewed and addressed by the provider, filing the code, on the date of the encounter. Positive pre-screening results indicating a member is at high risk for self-harm should receive more urgent intervention as determined by the provider practice. • The measure assesses the most recent depression screening completed either during the eligible encounter or within the 14 days prior to that encounter. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count towards a follow-up, because that would serve as the most recent screening. To satisfy the follow-up requirement for a member screening positively, the eligible clinician would need to provide one of the aforementioned follow-up actions, which does not include use of a standardized depression screening tool. Follow-Up Plan (must be related to a positive depression screening): Examples of a follow-up plan include but are not limited to: • Referral to a provider or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression

	• Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options UPDATE: Added 'Psychiatric Nurse Practitioners' and replaced 'social worker' with 'clinical social worker' to improve alignment with measure intent and clarify appropriate follow-up providers after a positive depression screen
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required:** • Members who have ever been diagnosed bipolar prior to the qualifying encounter/screening during the measurement period. **Exceptions:** • Member refuses to participate • Documentation of medical reason for not screening member for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; member is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the member's health status)

Diabetes Care: Hemoglobin A1C Poor Control *(CMS122v10)*

The percentage of Members (18-75 years) with diabetes who had hemoglobin A1C > 9.0% during the measurement period.

Measure Utility	CCO Incentive
Measure Steward	Centers for Medicare & Medicaid Services (CMS)
Technical Specification	Final 2025 Diabetes Poor Control Specifications
Deviations from Cited Specs	N/A
Gap Closure Methodology	EHR Data (Refer to Appendix C and Appendix D to get started)
2025 Benchmark(s)	20.0% *(Lower is Better)*

Element	Notes
Denominator	**Members 18-75 years of age with diabetes** (Type 1 or 2) with a visit during the measurement year. **Note:** Do not include patients with a diagnosis of secondary diabetes due to another condition.
Numerator	Members in the denominator whose **most recent HbA1c level is >9.0%, is missing, or was not performed** during the measurement period. HbA1C Value / Numerator Compliance: HbA1c Level </= 9.0 — Not compliant HbA1c Level > 9.0 — Compliant Value Missing in EHR — Not Compliant **Note:** This is an inverse measure meaning that an HbA1C value is compliant, however a lower rate is required meaning that an HbA1C in control (</=9%) is necessary to meet the measure.
Measurement Period	January 1, 2025 – December 31, 2025

Exclusion(s)	**Required:**
	• Members with any of the following during the measurement year:
	  ○ Hospice Claim(s)
	  ○ Living long term in a nursing home
	  ○ Receiving palliative care
	• Members 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
	  ○ Advanced illness diagnosis during the measurement year or the year prior.
	  ○ **OR** taking dementia medications during the measurement year or the year prior.

Immunizations for Adolescents (AIS), Combo 2

The percentage of adolescents (13 years old) that had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.

Measure Utility	CCO Incentive
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE. Final 2025 Immunizations for Adolescents Specifications
Deviations from Cited Specs	HEDIS allows numerator credit for anaphylaxis due to Meningococcal and HPV, and anaphylaxis or encephalitis due to Tdap. However, these conditions can only be identified by SNOMED CT codes in EHR, not in ALERT or claims data. HEDIS added a required exclusion for members who died in the measurement year.
Gap Closure Methodology	Administrative & ALERT IIS; (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	**CCO**: 40.9% **HPRS**: 25.41%

Element	Notes
Denominator	**Members who turn 13 years of age** during the measurement year.
Numerator	Children in the denominator who met any of the following outlined in **each category below:** • **HPV:** ○ 2 HPV doses (at least 146 days apart), or 3 doses total on different dates of service on or between the 9th and 13th birthday. • **Tetanus, Diphtheria Toxoids and Acellular Pertussis (Tdap)** ○ Only CVX Code 115 is now valid for Tdap vaccination based on ALERT IIS data. ○ 1 dose Tdap between 10th and 13th birthday. ○ Encephalitis due to Tdap any time on or before the member's 13th birthday *(HPRS only).* • **Meningococcal Immunization**- ○ 1 dose serogroups A, C, W, Y between 10th and 13th birthday. • **Anaphylaxis** to any of the above vaccines on or before the 13th birthday *(HPRS only).* **Important:** Please visit the CDC website for further guidance on Child and Adolescent Immunization Schedules. Also visit OHA.s Transformation Center for more Immunization technical Assistance.
Measurement Period	Varies (Refer to numerator criteria for details)
Exclusion(s)	**Required:** • Hospice claim during the measurement year • Members who died in the measurement year

Review strategies to boost immunization rates HERE.

Important: For adolescents we recommend setting expectations, outlining confidentiality, and discussing the role of the parent to allow the adolescent to have primary decision-making power.

Initiation & Engagement of Substance Use Disorder Treatment (IET), Ages 18+

The percentage of new substance use disorder (SUD) episodes that resulted in treatment initiation and engagement during the measurement year.

Measure Utility	CCO Incentive
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	Final 2025 Initiation and Engagement of SUD Treatment
Deviations from Cited Specs	HEDIS MY2025 specifications include three age groups for the measure: age 13-17, 18-64, 65+. OHA will continue to report a combined result for all age 18+ (age 18-64 and 65+) for the incentive program. Additional age stratification is within the HEDIS Allowable Adjustment rules.
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	Must meet both benchmarks: • Initiation: 49.0% • Engagement: 18.8%

Element	Criteria
Denominator	Substance Use Disorder (SUD) abuse or dependence diagnosis episodes during the intake period (November 15th of prior year – November 14 of the measurement year) of members 18 years and older as of December 31st of the measurement year.
Numerator	*SUD Episodes that resulted in the following:* ***(1) Initiation of SUD Treatment within 14 days of SUD diagnosis.*** *Initiation of SUD Tx can consist of a medication treatment event*, initiation of a weekly/monthly opioid treatment service, or one initiation visit. ** ***Note:** Except for medication treatment dispensing events and medication administration events, initiation on the same day as the SUD Episode Date must be with different providers to count.* ***(2) Engagement of SUD Treatment within 34 days after initiation.*** *Engagement of SUD Tx can consist of either a long-acting SUD medication event or two of the following (any combination):* *1) Medication treatment event. ** *2) Engagement visit. ** ***Note:** Two engagement visits may be on the same date of service, but they must be with different providers to count as two events. An engagement visit on the same date of service as an engagement medication treatment event meets criteria (there is no requirement that they be with different providers).* **** Medication Treatment Events:*** *Alcohol Use Disorder Treatment Medications* • *Acamprosate calcium 333 MG Delayed Release Oral Tablet* • *Disulfiram 250-500 MG Oral Tablet* • *Naltrexone 380 MG Injection* • *Naltrexone hydrochloride 50 MG Oral Tablet*

	Opioid Use Disorder Treatment Medications • *Buprenorphine (sublingual tablet, injection, or implant)* • *Buprenorphine/naloxone (buccal film or sublingual film/tablet)* • *Naltrexone (oral or injectable)* ***Initiation/Engagement Visit Types** (must be accompanied by a SUD Dx):* • *Inpatient Stay* • *Outpatient Visit* • *Observation Visit* • *SUD Service* • *Telehealth Visit* • *Telephone visit* • *E-visit/Virtual Check-In* • *Intensive Outpatient Encounter/partial hospitalization* • *Non-residential substance abuse treatment facility visit.* • *Community mental health center visit*
Measurement Period	Varies (Refer to numerator criteria for details)
Exclusion(s)	**Required:** • Hospice claim during the measurement year. • Members who die any time during the measurement year. • Diagnosis of SUD abuse/dependence or SUD medication treatment administered/dispensed during 194 days prior to the SUD episode date.

Note: Trillium is currently unable to display member level gaps in the provider portal for this measure as a result of restrictions placed by 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records). However, providers can setup cohorts in Collective Medical to track these members. Providers without access to this platform can reach out to their assigned quality contact to get setup.

Members Receiving Preventive Dental or Oral Health Services (PDS), ages 1-5 & 6-14

The percentage of children (1-14 years) who received a preventive dental service during the measurement period.

Measure Utility	CCO Incentive (Challenge Pool)
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 Preventive Dental or Oral Health Services Specifications
Deviations from Cited Specs	N/A *Note:* CMS and DQA measures both report members aged 0-20.
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	Must meet both components to achieve measure • Ages 1-5: 60.6% • Ages 6-14: 67.3%

Element	Criteria
Denominator	**Members aged 1-5 (kindergarten readiness) or 6-14 years of age** as of December 31 of the measurement year who are continuously enrolled with the CCO for at least 180 days in the measurement year.
Numerator	Children in the denominator who received **preventative dental or oral health services** within the measurement period.
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	N/A
	Important: In 2021 this measure was expanded to allow all provider types (dental or non-dental) and added CPT code 99188 (fluoride varnish by non-dental providers) for compliance. Children under 19 years of age may have topical fluoride varnish applied by a medical provider during a medical visit. **First Tooth Billing FAQs:** Bill the CCO on a professional claim (CMS-1500 or electronic equivalent) using the appropriate CDT procedure code (D1206 – Topical fluoride varnish) or the CPT code (99188- Application of topical fluoride varnish by a physician or other qualified health care professional such as advanced practice nurse or licensed physician assistant) and ICD-10 Diagnosis code Z41.8 (Prophylactic fluoride administration).

Adults with Diabetes – Oral Evaluation (DOE)

The percentage of adults (18+ years) identified as having diabetes, who received at least one dental service within the measurement period.

Measure Utility	CCO Incentive
Measure Steward	Dental Quality Alliance (DQA)
Technical Specification	Final 2025 Adults with Diabetes - Oral Evaluation Specifications
Deviations from Cited Specs	• OHA does not exclude dual enrollees. Note: HEDIS diabetes measures include members aged 18-75 whereas the DQA Adults with Diabetes Oral Evaluation measure includes all members aged 18 and above which OHA follows.
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	35%

Element	Criteria
Denominator	**Members 18 years of age or older** as of December 31 of the measurement year **with diabetes** (Type I or II) identified from claim/encounter data or pharmacy data. **Note:** Can be completed via teledentistry.
Numerator	Adults in the denominator who received a **comprehensive, periodic, or periodontal oral evaluation from a general dentist or dental specialist** in the measurement period.
Measurement Period	January 1, 2025 – December 31, 2025

Exclusion(s)	**Required:**
	• Members with gestational or steroid induced diabetes as well as polycystic ovarian syndrome.
	• Members with any of the following during the measurement year:
	  ○ Hospice Claim(s)
	  ○ Receiving palliative care
	  ○ Members who died any time during the measurement year
	• Members 66 and older with any of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP) or living long term in an institution for more than 90 consecutive days during the measurement year.
	  ○ Indication of Frailty during the measurement year along with one of the following during the measurement year or the year prior:
	  - Taking dementia medications.
	  - Advanced illness diagnosis with any of the following.
	  – Two outpatient/observation/ED/telephone visits or non-acute inpatient encounters/discharges.
	  – One acute inpatient encounter/discharge.

Prenatal & Postpartum Care (PPC)- Postpartum Care

The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.

Measure Utility	CCO Incentive (Postpartum Only)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	2025 Prenatal and Postpartum Care Specifications
Deviations from Cited Specs	• OHA allows CCOs to report 'no confirmed live birth' in the data submission. • OHA allows CCOs to report self-reported Estimated Date of Delivery in the data submission.
Gap Closure Methodology	Hybrid • Refer to Appendix A for applicable codes • Guidance will be posted online at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx
2025 Benchmark(s)	87.0% (Postpartum Only)

Element	Notes
Denominator	**Members with live birth deliveries** with estimated delivery date (EDD) in the 'Intake year' (between October 8 of the year prior to the measurement year, and October 7 of the measurement year), and the members of the organization who meet the continuous enrollment criteria.
Numerator	**Postpartum Care** Members in the denominator who had a **visit** with an OB/GYN or other prenatal practitioner (Nurse Practitioner, Physician's Assistant or Nurse Midwife in the OB/GYN practice) or a PCP during the measurement period. *Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following*: ○ **Pelvic exam** ▪ Components of a pelvic exam are examination of vulva, uterus, cervix, fallopian tubes, ovaries, bladder, and rectum; documentation of all the components are not necessary but there must be enough documentation to prove a pelvic exam was conducted ▪ Documentation of a Pap Test conducted, or an IUD insertion indicate a pelvic exam was conducted. ○ **Evaluation of weight, BP, breasts, and abdomen** (must contain all components) ▪ Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component ▪ Notation of "incision checked" for a cesarean section is acceptable for the abdomen component ○ **Notation of postpartum care**, including, but not limited to: ▪ Notation of "postpartum care," "PP care," "PP check," "6-week check."

	▪ A preprinted “Postpartum Care” form in which information was documented during a visit ○ **Perineal or cesarean incision/wound check** ○ **Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders** ○ **Glucose screening for women with gestational diabetes** ○ **Documentation of any of the following topics:** ▪ Infant care or breastfeeding. ▪ Resumption of intercourse, birth spacing or family planning. ▪ Sleep/fatigue. ▪ Resumption of physical activity ▪ Attainment of healthy weigh
Measurement Period	On or between 7 and 84 days after delivery for Members with an estimated delivery date (EDD) on or between October 8, 2024, through October 7, 2025.
Exclusion(s)	**Required:** • Hospice claim during the measurement year. • Non confirmed live births • Members who died during the measurement year

Screening, Brief Intervention and Referral to Treatment (SBIRT)

The percentage of members (12+ years) who received:

(1) An age-appropriate screening in an ambulatory setting using an SBIRT screening tool approved by OHA during the measurement period **AND**

(2) A brief intervention and/or referral to treatment if they had a positive full screen.

Measure Utility	CCO Incentive
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 SBIRT Specifications
Deviations from Cited Specs	
Gap Closure Methodology	EHR Data (Refer to Appendix C and Appendix D to get started)
2025 Benchmark(s)	**Reporting Only**. Please Note: To earn for the EHR measures providers must continue to submit all the measures previously submitted, regardless of the measure's incentive eligibility.

Element	Notes
Denominator	**Members aged 12 years and older** before the beginning of the measurement year who had the following: **Rate 1** At least one **eligible encounter** during the measurement year. ✓ *Data Validation:* Uses same denominator criteria outlined in the Depression Screening & Follow-Up Measure, so if reporting CCO "Medicaid Only" for both measures we would expect to see identical denominator counts prior to exclusions). **Rate 2** At least one **eligible encounter with a positive full screen** during the measurement year. ✓ *Data Validation:* Cannot exceed the Rate 1 numerator.
Numerator	Members in the denominator who received: **Rate 1- Screening:** An age-appropriate screening, using an OHA approved SBIRT screening tool, during the date of the qualifying encounter or up to 14 calendar days prior to the date of the qualifying encounter AND had either a **negative brief screen or a negative/positive full screen**. Notes: • The screening tool used, and the provider interpreted result (positive/negative) must be captured as queryable structured data in the EHR. • It is not required to have a field for each question in the screening tool used. • Do not include positive brief screens in the Rate 1 numerator, they must go on to have a full screen. **Rate 2- Brief Intervention/Referral:** A brief intervention, a referral to treatment, or both that is documented within two calendar days of the date of a positive full screen. Note: Documentation in the medical record (e.g., through checkboxes, flowsheets, or other structured data) that a brief intervention was completed, or a referral was made is sufficient. ✓ *Data Validation:* Cannot exceed Rate 2 Denominator. **Note:** Do not include SBIRT Services that took place in an ED or hospital setting.

Measurement Period	Rate 1) January 1, 2025 – December 31, 2025 Rate 2) Within two calendar days of the date of a positive full screen.
Exclusion(s)	**Required:** One of the following **prior to the qualifying encounter:** • Active diagnosis of alcohol or drug dependency • Engagement in treatment *(limited to up to one year before the start of the measurement year)* • Dementia or mental degeneration • Limited life expectancy • Palliative care (includes comfort care & hospice) **Exceptions:** • Member refuses to participate • Documentation of medical reason for not screening member for depression *(e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; member is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the member's health status)* *Note:* Exception criteria may be captured in a queryable field, such as a checkbox for noting patient refusal of screening.

SDOH: Social Needs Screening and Referral

Component 1 of the measure assesses CCOs' action plans to ensure social needs screening and referral is implemented in an equitable and trauma-informed manner. For each measurement year, the CCO must: (1) answer all self-assessment questions and (2) attest to having accomplished all "must-pass" elements required for that year. These domains are; Food insecurity, Housing Insecurity, and Transportation needs.

Provider feedback and chart audits will be conducted for MY2025. Data collection categories will include screenings & assessments conducted by the provider. Therapy-Brief Intervention services, Social Emotional Services, and Other Therapy-Brief Intervention services.

Measure Utility	CCO Incentive-REPORTING ONLY
Measure Steward	OHA Developed Workgroup
Technical Specification	Final 2025 SDOH Screening Specification
Deviations from Cited Specs	None
Gap Closure Methodology	Administrative (Refer to Appendix A for applicable codes)
2025 Benchmark(s)	Component 1-Structural measure: CCO attestation (beginning first year of use and continuing through year 3) Component 2- hybrid measure: sample reporting using MMIS/DSSURS, EHR, community information exchange (CIE), health information exchange (HIE), and other qualifying data sources (beginning 2025 and continuing through 2026)

	Elements of work to be accomplished	MY 2023	MY 2024	MY 2025
A. Screening practices				
	Collaborate with CCO members on processes and	Must pass	Must pass	Must pass
	Establish written policies on training	Must pass	Must pass	Must pass
	Assess whether/where members are screened	Must pass	Must pass	Must pass
	Assess training of staff who conduct screening		Must pass	Must pass
	Establish written policies to use REALD data to inform appropriate screening and referrals	Must pass	Must pass	Must pass
	Identify screening tools or screening questions in use	Must pass	Must pass	Must pass
	Assess whether OHA-approved screening tools are		Must pass	Must pass
	Establish written protocols to prevent over-screening	Must pass	Must pass	Must pass
B. Referral practices and resources				
	Assess capacity of referral resources and gap areas	Must pass	Must pass	Must pass
			Must pass	Must pass
	Develop written plan to help increase community-		Must pass	Must pass
	Elements of work to be accomplished	**MY 2023**	**MY 2024**	**MY 2025**
	Enter into agreement with at least one CBO that	Must pass	Must pass	Must pass
C. Data collection and sharing				
	Conduct environmental scan of data systems used	Must pass	Must pass	Must pass
	Set up data systems to clean and use REALD data		Must pass	Must pass
	Support a data-sharing approach within the CCO		Must pass	Must pass

Health Equity Measure: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services (SEM)

The percentage of members ages 1-5.99 years who receive issue focused intervention/treatment services

Measure Utility	CCO Incentive
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services (SEM) Specs
Gap Closure Methodology	Claims
2025 Benchmark	11.0%

Element	Criteria
Denominator	Count of unique members ages 1-5.99 years (kindergarten readiness) on the last day of the measurement year who meet continuous enrollment criteria. **Note:** Can be completed via telehealth
Numerator	Count of unique members in the denominator who received any of the issue-focused intervention/treatment services within the measurement year identified by the following specific CPT codes: Refer to Appendix A for applicable codes
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required:** • Members who died in the measurement year

Health Equity Measure: Meaningful Access to Health Care Services for persons who Prefer a Language Other than English (LOE) and Persons Who are Deaf of Hard of Hearing

Two components to this measure: (1) CCO language access self-assessment survey (started MY 2021) and (2) Quantitative language access report with sampled hybrid review.

Components of the self-assessment survey include 4 Domains. 1. Identification and assessment for communication needs. 2. Provision of Language Assistance Services. 3. Training of staff in policies and procedures. 4 Providing notice of language assistance services.

Measure Utility	CCO Incentive-REPORTING ONLY
Measure Steward	Oregon Health Authority (OHA)
Technical Specification	Final 2025 Health Equity Meaningful Language Access (Health Equity)
Deviations from Cited Specs	N/A
Gap Closure Methodology	Hybrid and CCO attestation
2025 Minimum Components	50.0%

Element	Notes	
Denominator	Total number of visits during the measurement year from the Eligible Population (members who self-identified with interpreter needs), regardless of whether interpreter services were provided. Only visits during a member's enrollment span with a CCO are required to be reported. Data collected must include visit date, member ID, and whether member already has interpreter flag(s) in MMIS/834 file. A 'Visit Match Flag' is included for hybrid reporting so that the CCO can confirm the denominator visit identified by OHA	
Numerator	Interpreter services provided by OHA certified, qualified, or non-OHA-certified or qualified interpreters. In-language visit with a provider who has passed the proficiency test for the member's preferred language or has not passed the language proficiency test. Must report what interpreter services were provided: In-person, telephonic, or video interpreter.	
Type of care/setting included:	Physical Health Mental/Behavioral Health Dental Health Inpatient stay	Emergency Department Office Outpatient Home Health Telehealth Other
Excluded Visits:	Pharmacy visits Lab only Online assessments Online Assessment forms for blood sugar and blood pressure readings.	DME Ambulance Transportation Member refusal because in-language visit is provided.

HEDIS Measures

Breast Cancer Screening (BCS-E)

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid; (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	42.86%

<table>
<tr><th>Element</th><th>Notes</th></tr>
<tr><td>Denominator</td><td>Members 52–74 years of age by the end of the measurement period who were recommended for routine breast cancer screening and meet the criteria for participation</td></tr>
<tr><td>Numerator</td><td>Members who have had one or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement period and the end of the measurement period</td></tr>
<tr><td>Measurement Period</td><td>October 1, 2022, through December 31, 2025</td></tr>
<tr><td>Exclusion(s)</td><td>Required:

Members with any of the following during the measurement year:

Hospice Claim(s)
Receiving palliative care

Members who have died anytime during the measurement year
Members who had a bilateral mastectomy any time through December 31 of the measurement year. Any combination of codes from the table below also qualifies:
<table>
<tr><th>Left Mastectomy (any of the following)</th><th>Right Mastectomy (any of the following)</th></tr>
<tr><td>• Unilateral mastectomy with a left-side modifier (same procedure)</td><td>• Unilateral mastectomy with a right-side modifier (same procedure)</td></tr>
<tr><td>• Unilateral mastectomy found in clinical data with a left-side modifier (same procedure)</td><td>• Unilateral mastectomy found in clinical data with a right-side modifier (same procedure)</td></tr>
<tr><td>• Absence of the left breast</td><td>• Absence of the right breast</td></tr>
<tr><td>• Left unilateral mastectomy</td><td>• Right unilateral mastectomy</td></tr>
</table>
Members 66 years of age and older as of December 31 of the measurement year who meet one of the following during the measurement year:

Enrolled in an institutional SNP
Living long-term in an institution
Frailty and advanced illness

</td></tr>
</table>

Cervical Cancer Screening (CCS-E)

The percentage of members (21-64 years) had an age-appropriate cervical cancer screening test during the measurement period.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Administrative (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	43.31%

Element	Notes
Denominator	**Women 21-64 years of age** as of December 31 of the measurement year.
Numerator	Members in the denominator who received an **age-appropriate cervical cancer screening** as defined below: • Members **21–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members **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. • Members **30–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years. Note: Generic documentation of "HPV test" can be counted as evidence of hrHPV test. Note: Documentation in the medical record must include the result or finding. – Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.
Measurement Period	Varies (Refer to numerator criteria for details)
Exclusion(s)	**Required:** • Members with any of the following during the measurement year: - In hospice - Receiving palliative care • Members who have died anytime during the measurement year • Evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year. • Members with Sex Assigned at Birth of Male at any time in the patient's history.

Chlamydia Screening (CHL)

The percentage of women (16-24 years) identified as 'sexually active' and had a test for chlamydia during the measurement period.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Administrative (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	61.46%

Element	Notes
Denominator	**Females 16-24 years of age** as of December 31 of the measurement year, who are **identified as 'sexually active'** during the measurement year: - Pregnancy diagnosis - Sexual activity indicated - Pregnancy test ordered - Prescription contraceptive medication dispensed
Numerator	Members in the denominator who had at least **one chlamydia test** during the measurement period.
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required:** • Hospice claim during the measurement year. • Members who have died anytime during the measurement year • Members who qualified for the denominator based on a pregnancy test alone and who meet either of the following: ○ A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or the six days after. ○ A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the six days after. • Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the member's history.

Colorectal Cancer Screening (COL-E)

The percentage of members 45–75 years of age, who had appropriate screening for colorectal cancer.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid; (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	27.27%

Element	Notes
Denominator	**Members 46–75 years** as of the end of the measurement period.
Numerator	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: • 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.
Measurement Period	Varies (Refer to numerator criteria for details)
Exclusion(s)	**Required:** • Members who use hospice services • Members who die any time during the measurement period. • Members who had colorectal cancer any time during the member's history through December 31 of the measurement year. Do not include laboratory claims. • Members who had a total colectomy any time during the member's history through December 31 of the measurement period. • Medicare members 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, as identified by the LTI flag in the monthly membership detail data file. Use the run date of the file to determine if a member had an LTI flag during the measurement period. • Members 66 years of age and older by the end of the measurement period, with frailty ***and*** advanced illness. Members must meet ***both*** frailty and advanced illness criteria to be excluded.

Controlling High Blood Pressure (CBP)

The percentage of members (18–85 years) who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	61.43%

Element	Notes
Denominator	**The number of members 18–85 years of age** who have had a diagnosis of hypertension (HTN) at two separate outpatient visits on separate dates of service between 01/01/2024- 06/30/2025, and whose blood pressure (BP) was not adequately controlled (<140/90 mm Hg) during the measurement year.
Numerator	Members in the denominator whose most recent blood pressure reading of the measurement year is adequately controlled (Both a representative **systolic BP <140 mm Hg** and a representative **diastolic BP of <90 mm Hg**.). **Notes:** - Adequate control: The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is "not controlled." -
Measurement Period	January 1, 2025 – December 31, 2025

Exclusion(s)	**Required:**
	• Members with any of the following during the measurement year:
	  ○ In hospice
	  ○ Receiving palliative care
	• Members who have died anytime during the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year who meet one of the following during the measurement year:
	  ○ Enrolled in an institutional SNP
	  ○ Living long-term in an institution
	  ○ Up to age 80 with frailty and advanced illness
	• Members 81 and older with frailty.
	• Members with evidence of end stage renal disease (ESRD)on or prior to December 31st of the measurement year.
	• Females with a diagnosis of pregnancy during the measurement year.

Blood Pressure Control for Patients with Diabetes

The percentage of Members (18-75 years) with diabetes (Types 1 and 2) who's blood pressure was adequately controlled (<140/90)

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid; (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	68.75%

Element	Notes
Denominator	**Members 18-75 years of age** as of December 31 of the measurement year with 2 diagnoses of diabetes on a **claim or encounter from two different dates of service** during the measurement year or the year prior to the measurement year, Or members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
Numerator	Members in the denominator whose most recent blood pressure taken is **adequately controlled (< 140/90 mmHg)** during the measurement period and is documented through administrative data or medical record review. - 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 - The member is not compliant if the BP is ≥140/90 mmHg, missing, or is incomplete (e.g., the systolic or diastolic level is missing). - Organizations that use the same sample for the GSD and BPD measures may use the medical record from which it abstracts data for the GSD measure. If the organization uses separate samples for the GSD and BPD measures, it should use the medical record of the provider that manages the member's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the member receives care. **Do not include BP readings:** - Taken during an acute inpatient stay or an ED visit. - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. - Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope. - The member is not compliant if the BP is >140/90 mmHg, missing, or is incomplete (e.g., the systolic or diastolic level is missing).
Measurement Period	1/1/2025-12/31/2025
Exclusion(s)	**Required**: • Members with any of the following during the measurement year:

	○ In hospice ○ Receiving palliative care • Members who have died anytime during the measurement year • Members 66 years of age and older as of December 31 of the measurement year who meet one of the following during the measurement year: ○ Enrolled in an institutional SNP ○ Living long-term in an institution ○ Up to age 80 with frailty and advanced illness • Members 81 and older with frailty. • Members with evidence of end stage renal disease (ESRD)on or prior to December 31st of the measurement year. • Females with a diagnosis of pregnancy during the measurement year.

Eye Exam for Patients with Diabetes

The percentage of Members (18-75 years) with diabetes (Types 1 and 2) who had a retinal eye exam

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid; (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	49.15%

Element	Notes
Denominator	**Members 18-75 years of age** as of December 31 of the measurement year **identified as having diabetes** during the measurement year or the year prior to the measurement year.
Numerator	Members in the denominator who had screening or monitoring for diabetic retinal disease including one of the following: •**A retinal or dilated eye exam by an eye care professional** (optometrist or ophthalmologist) during the measurement year. - A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results. - A chart or photograph indicating the date when the fundus photography was performed and evidence of one of the following: o An eye care professional (optometrist or ophthalmologist) reviewed the results. o Results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist. o Results were read by a system that provides artificial intelligence (AI) interpretation. •**A negative retinal or dilated eye exam** (negative for retinopathy) by an eye care professional in the year prior to the measurement year. - Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist), where results indicate retinopathy was not present (e.g., documentation of normal findings). Note: Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the member had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria - • .
Measurement Period	1/1/2023-12/31/2025
Exclusion(s)	**Required:** • **Bilateral eye enucleation** any time during the member’s history through December 31 of the measurement year. o Evidence that the member had bilateral eye enucleation or acquired absence of both eyes

	• Members with any of the following during the measurement year:
	  ○ In hospice
	  ○ Receiving palliative care
	• Members who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes
	• Members who have died anytime during the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year who meet one of the following during the measurement year:
	  ○ Enrolled in an institutional SNP
	  ○ Living long-term in an institution
	  ○ Frailty and advanced illness

Glycemic Status Assessment for Patients with Diabetes

The percentage of Members (18-75 years) with diabetes (Types 1 and 2) whose hemoglobin A1c (HbA1c) was <8.0

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Hybrid; (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	57.42%

Element	Notes
Denominator	**Members 18-75 years of age** as of December 31 of the measurement year **identified as having diabetes** during the measurement year or the year prior to the measurement year. **Note:** *If a combination of administrative, supplemental or hybrid data are used, the most recent glycemic status assessment must be used, regardless of data source.*
Numerator	Members in the denominator whose most recent **HbA1C test result was <8%** - The member is not compliant if the result for the most recent HbA1c test result is ≥8%, missing, or a test was not done during the measurement year.
Measurement Period	1/1/2025-12/31/2025

Exclusion(s)	**Required:**
	• Members with any of the following during the measurement year:
	  ○ In hospice
	  ○ Receiving palliative care
	• Members who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes
	• Members who have died anytime during the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year who meet one of the following during the measurement year:
	  ○ Enrolled in an institutional SNP
	  ○ Living long-term in an institution
	• Members who meet criteria for both frailty and advanced illness:
	  ○ Frailty: At least two indicators of frailty with different dates of service.
	  ○ Advanced illness: Indicators of advanced illness on two different dates of service **OR** dispensed dementia medication.

Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Administrative (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	36.94%

Element	Criteria
Denominator	Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis. The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.
Numerator	**30-Day Follow-Up** • A follow-up visit with a mental health provider* within 30 days after discharge. Do not include visits that occur on the date of discharge. **7-Day Follow-Up** • A follow-up visit with a mental health provider* within 7 days after discharge. Do not include visits that occur on the date of discharge. ** Visit must be conducted by a mental health provider / practitioner. See Appendix 3 in the HEDIS Technical Specifications for the definition of Mental Health Providers.* **New for 2025** Added peer support and residential treatment services to the numerator
Measurement Period	January 1st, 2025 - December 1st, 2025.
Exclusion(s)	• Members in hospice or using hospice services anytime during the measurement year. • Members who died any time during the measurement year. • Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Administrative (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	44.33%

Element	Criteria
Denominator	Members 6 years of age and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, who had a follow-up visit for mental illness who had an emergency department (ED) visit. The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all eligible visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period.
Numerator	**30-Day Follow-Up** • A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or any diagnosis of intentional self-harm within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit. **7-Day Follow-Up** • A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or any diagnosis of intentional self-harm within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. Multiple Visit Rule: If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit. **New for 2025** Added peer support and residential treatment services to the numerator
Measurement Period	January 1st, 2025 - December 1st, 2025.
Exclusion(s)	• Members in hospice or using hospice services anytime during the measurement year. • Members who died any time during the measurement year. • Emergency Department visits that resulted in any Inpatient Stay the day of or within 30-days.

Statin Therapy for Patients with Diabetes (SPD)

The percentage of members (40–75 years) with diabetes, who met the following criteria.
Two rates are reported:

1. **Received Statin Therapy**. Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Pharmacy Claims Only
2025 Benchmark(s)	**(1) Received Statin Therapy:** 65.28% **(2) Statin Adherence**: 68.06%

Element	Notes
Denominator	**Members 40–75 years of age** as of December 31 of the measurement year **with diabetes**, identified in two ways: 1) Diagnosed with Diabetes and who met one of the following criteria in the measurement year or the year prior (count services that occur over both years): - One acute inpatient discharge or encounter without telehealth. - Two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service. Visit type need not be the same for the two encounters. 2) Dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis in the measurement year or the year prior.
Numerator	**(1) Received Statin Therapy**: Members in the denominator who were **dispensed at least one statin medication of <u>any</u> intensit**y during the measurement period. * **Approved Statin Medications:** High-Intensity Statin Therapy: • Atorvastatin 40-80 mg • Rosuvastatin 20-40 mg • Simvastatin 80 mg • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-simvastatin 80 mg Moderate-Intensity Statin Therapy: • Atorvastatin 10-20 mg • Fluvastatin 40-80 mg • Lovastatin 40 mg • Pitavastatin 1–4 mg • Pravastatin 40-80 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Amlodipine-atorvastatin 10-20 mg • Ezetimibe-simvastatin 20-40 mg Low-Intensity Statin Therapy: • Fluvastatin 20 mg • Lovastatin 10–20 mg • Pravastatin 10–20 mg • Simvastatin 5-10 mg • Ezetimibe-simvastatin 10 mg **(2) Statin Adherence**: Members who achieve a proportion of days covered (PDC) of at least 80% during the treatment period.

	❖ **PDC Calculation:** $\frac{\text{Total Days Covered by a Statin Medication in the Treatment Period}}{\text{Total Days in Treatment Period}}$
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required:** • Members with cardiovascular disease. • Members with one of the following during the measurement year or the year prior: - In vitro fertilization - ESRD or dialysis - Cirrhosis - A diagnosis of pregnancy - Dispensed prescription for clomiphene • Members with one of the following during the measurement year: - Myalgia, myositis, myopathy, or rhabdomyolysis - Receiving palliative care - In hospice • Members who have died anytime during the measurement year • Members in hospice or palliative care • 66 years of age and older as of December 31 of the measurement year and one of the following: - Enrolled in an institutional SNP - Living long-term in an institution - Frailty and advanced illness

Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile

The percentage of Members (3-17 years) who had a height, weight, and body mass index (BMI) percentile recorded in the measurement period.

Measure Utility	Health Plan Rating System (HPRS)
Measure Steward	National Committee for Quality Assurance (NCQA)
Technical Specification	HEDIS® Specifications available for purchase HERE.
Gap Closure Methodology	Administrative (Refer to Appendix B for applicable codes)
2025 Benchmark(s)	76.89%

Element	Notes
Denominator	**Members 3–17 years of age** as of December 31 of the measurement year who **had an outpatient visit** with a PCP or an OB/GYN during the measurement period.
Numerator	Members in the denominator who had their **BMI percentile** recorded during the measurement period. Documentation **must include height, weight and BMI percentile** during the measurement year and must be from the same data source. Note: Member-Reported Biometric Values are eligible. Be sure to submit all BMI percentiles (even when within normal range) to the CCOs either via billing or an EMR data extract to boost performance.
Measurement Period	January 1, 2025 – December 31, 2025
Exclusion(s)	**Required** • Hospice claim during the measurement year. • Members who have died anytime during the measurement year • Females with a pregnancy diagnosis in the measurement year.

Appendix

Appendix A: CCO Measure Coding Guide

Value Set Name	Code	Code System
Assessments for Children in DHS Custody		
Numerator		
Dental Diagnostic	D0100-D0199	HCPCS
Mental Health Assessment	90791, 90792, 96130, 96131, 96136-96139	CPT
	H0019, H0031, H0037, H1011, H2000-TG, H2013	HCPCS
Physical Health Assessment	99201-99205, 99212-99215; 99381-99384, 99391-99394	CPT
	G0438, G0439	HCPCS
Child and Adolescent Well-Care Visits		
Numerator		
Well-Care (ages 3-6)	99381-99385, 99391-99395, 99461	CPT
	G0438, G0439, S0302, S0610, S0612, S0613	HCPCS
	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	ICD10CM
Childhood Immunization Status		
Numerator		
DTaP Immunization	20, 50, 106, 107, 110, 120, 146, 148, 198	CVX
DTaP Vaccine Procedure	90697, 90698, 90700, 90723	CPT
Haemophilus Influenzae Type Immunization	17 46-51, 120, 146, 148, 198	CVX
Haemophilus Influenzae Type B (HiB) Vaccine Procedure	90644, 90647, 90648, 90697, 90698, 90748	CPT
Hepatitis A Immunization	31, 83, 85	CVX
Hepatitis A Vaccine Procedure	90633	CPT
Hepatitis A	B15.0, B15.9	ICD10CM
Hepatitis B Immunization	08, 44, 45, 51, 110, 146, 198	CVX
Hepatitis B Vaccine Procedure	90697, 90723, 90740, 90744, 90747, 90748	CPT
Hepatitis B	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	ICD10CM
Inactivated Polio Vaccine Immunization	10, 89, 110, 120, 146	CVX
Inactivated Polio Vaccine (IPV) Procedure	90697, 90698, 90713, 90723	CPT
Influenza Immunization	88, 140, 141, 150, 153, 155, 158, 161, 171, 186	CVX
Influenza Vaccine Procedure	90655, 90657, 90661, 90673, 90674, 90756, 90685-90689	CPT
Influenza Virus LAIV Immunization	111, 149	CVX
Influenza Virus LAIV Vaccine Procedure	90660, 90672	CPT
Measles, Mumps and Rubella Immunization	03, 94	CVX

Measles, Mumps and Rubella (MMR) Vaccine Procedure	90707, 90710	CPT
Measles	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9	ICD10CM
Mumps	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9	ICD10CM
Rubella	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	ICD10CM
Pneumococcal Conjugate Immunization	109, 133, 152	CVX
Pneumococcal Conjugate Vaccine Procedure	90670	CPT
Pneumococcal Conjugate Vaccine Procedure	G0009	HCPCS
Rotavirus (2 Dose Schedule) Immunization	119	CVX
Rotavirus Vaccine (2 Dose Schedule) Procedure	90681	CPT
Rotavirus (3 Dose Schedule) Immunization	116, 122	CVX
Rotavirus Vaccine (3 Dose Schedule) Procedure	90680	CPT
Varicella Zoster Immunization	21, 94,	CVX
Varicella Zoster (VZV) Vaccine Procedure	90710, 90716	CPT
Varicella Zoster	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9	ICD10CM
Exclusions		
Severe Combined Immunodeficiency	D81.0, D81.1, D81.2, D81.9	ICD10CM
Disorders of the Immune System	D80.0-D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839, D89.89, D89.9	ICD10CM
HIV	B20, Z21	ICD10CM
Malignant Neoplasm of Lymphatic Tissue	C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50- C82.59, C82.60- C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.00-C84.09, C84.10-C84.19, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.7A, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-	ICD10CM

	C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C88.9, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.20, C96.21, C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z	
Intussusception	K56.1	ICD10CM
Immunizations for Adolescents		
Numerator		
HPV Immunization	62, 118, 137, 165	CVX
HPV Vaccine Procedure	90649, 90650, 90651	
Meningococcal Immunization	32, 108, 114, 136, 147, 167, 203, 316	CVX
Meningococcal Vaccine Procedure	90619, 90733, 90734, 90623	CPT
Tdap Immunization	115	CVX
Tdap Vaccine Procedure	90715	CPT
Initiation & Engagement of SUD Treatment		
SUD Diagnosis *(To be billed with visit)*		
Alcohol Abuse and Dependence	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29	ICD10CM
Opioid Abuse and Dependence	F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29	ICD10CM
Other Drug Abuse and Dependence	F12.10, F12.120, F12.121, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120,	ICD10CM

	F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	
Numerator		
BH Outpatient	98960- 98962, 99078, 99201- 99205, 99211- 99215, 99241- 99245, 99341- 99345, 99347- 99350, 99381-99387, 99391- 99397, 99401-99404, 99411, 99412, 99483, 99492- 99494, 99510	CPT
	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015	HCPCS
Buprenorphine Oral	H0033, J0571	HCPCS
Buprenorphine Oral Weekly	G2068, G2079	HCPCS
Buprenorphine Injection	G2069, Q9991, Q9992	HCPCS
Buprenorphine Implant	G2070, G2072, J0570	HCPCS
Buprenorphine Naloxone	J0572- J0575	HCPCS
Community Mental Health Center POS	53	POS
Methadone Oral	H0020, S0109	HCPCS
Methadone Oral Weekly	G2067, G2078	HCPCS
Naltrexone Injection	J2315	HCPCS
Non-Residential Substance Abuse Treatment Facility POS	57, 58	POS
Observation	99217- 99220	CPT
Online Assessments	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	CPT
	G0071, G2010, G2012, G2061, G2062, G2063, G2250,	HCPCS
OUD Weekly Non-Drug Service	G2071, G2074, G2075, G2076, G2077, G2080	HCPCS
OUD Weekly Drug Treatment Service	G2067, G2068, G2069, G2070, G2072, G2073	HCPCS
OUD Monthly Office Based Treatment	G2086, G2087	HCPCS

Outpatient POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72	POS
Partial Hospitalization or Intensive Outpatient	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	HCPCS
Partial Hospitalization POS	52	POS
Substance Use Disorder Services	99408, 99409	CPT
	99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	HCPCS
Telehealth POS	02, 10	POS
Telephone Visits	98966, 98967, 98968, 99441, 99442, 99443	CPT
Visit Setting unspecified (requires POS code from above)	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	CPT
IET Exclusion (within Negative Dx Period)		
SUD Abuse and Dependence	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251,	ICD10CM

	F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	
Members Receiving Preventive Dental Services		
Numerator		
Preventive Dental or Oral Health Services	D1000 – D1999	CDT
	99188	CPT
Oral Evaluation for Adults with Diabetes		
Numerator		
Comprehensive, periodic, or periodontal oral evaluation	D0120, D0150, D0180	CDT
Prenatal & Postpartum Care - Postpartum		
Numerator		
Postpartum Visits	57170, 58300, 59430, 99501	CPT
	0503F	CPT-II
	G0101	HCPCS
	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	ICD10CM
	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	CPT
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	CPT
Exclusion		
Non-Live Birth	O00.0, O00.00, O00.01, O00.1, O00.10, O00.101, O00.102, O00.109, O00.11, O00.111, O00.112, O00.119, O00.2, O00.20, O00.201, O00.202, O00.209, O00.21, O00.211, O00.212, O00.219, O00.8, O00.80, O00.81, O00.9, O00.90, O00.91, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7	ICD10CM
Young Children Receiving Social Emotional Issue Focused Intervention/ Treatment services		
Numerator		
Psychiatric Diagnostic Evaluation	90791	CPT
Psychiatric Diagnostic Evaluation, by a medically licensed professional	90792	CPT
Health behavior assessment, or re-assessment	96156	CPT

Mental health assessment, by non-physician	H0031	HCPCS
Health Behavior Intervention Preventive Medicine Counseling	96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	CPT
Adaptive Behavior Treatment	97153-97158	CPT
Behavioral health counseling and therapy	H0004	HPCPS
Skills training and development	H2021	HCPCS
Individual psychotherapy	90832-90834, 90836-90983	CPT
Family Psychotherapy	90846, 90847	CPT
Group psychotherapy	90849, 90853	CPT
Multi-Family Group Training Session	96202, 96203	CPT
Behavioral Health Outreach Services	H0023	HCPCS
Mental health service plan development, by non-physician	H0032	HCPCS
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to face with the patient (could include caregiver/family)	98960-98962	CPT
Activity therapy (music, dance, are or play therapies) related to the care and treatment of patient's disabling mental health problems per session (>=45 min	G0176	HCPCS

Appendix B: HPRS Measure Coding Guide

Breast Cancer Screening		
Numerator		
Mammography	77061-77063, 77065-77067	CPT
	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, , 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3, 103885-0,103886-8, 103892-6,103893-4,103894-2	LOINC
Exclusions		
Absence of Right Breast	Z90.11	ICD10CM
Absence of Left Breast	Z90.12	ICD10CM
Bilateral Mastectomy	Z90.13	ICD10CM
	0HTV0ZZ	ICD10PCS
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303, 19304-19307	CPT
Unilateral Mastectomy Left	0HTU0ZZ	ICD10PCS
Unilateral Mastectomy Right	0HTT0ZZ	ICD10PCS
Cervical Cancer Screening		
Numerator		
Cervical Cytology Lab Test	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175	CPT
	G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	HCPCS
	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 104132-6, 104170-6	LOINC
High Risk HPV Lab Test	87624,87625	CPT
	G0476	HCPCS
	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3	LOINC
Exclusions		
Absence of Cervix Diagnosis	Q51.5, Z90.710, Z90.712,	ICD10CM
	752.43, V88.01, V88.03	ICD9CM
Hysterectomy With No Residual Cervix	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290- 58294, 58548, 58550, 58552- 58554, 58570- 58573, 58575, 58951-58954, 58956, 59135	CPT
	0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ	ICD10CM

	68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8	ICD9CM
Chlamydia Screening in Women		
Numerator		
Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810	CPT
	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7	LOINC
Exclusions		
Pregnancy Test	81025, 84702, 84703	CPT
Controlling High Blood Pressure - Total		
Numerator		
Diastolic <80	3078F	CPT-II
Diastolic 80-89	3079F	CPT-II
Systolic <130	3074F	CPT-II
Systolic 139-130	3075F	CPT-II
Diabetic Patient A1c Control		
HbA1c level < 7.0	3044F	CPT-II
HbA1c level ≥ 7.0 and < 8.0	3051F	
Diabetic Patient BP Control		
Numerator		
Diastolic <80	3078F	CPT-II
Diastolic 80-89	3079F	CPT-II
Systolic <130	3074F	CPT-II
Systolic 139-130	3075F	CPT-II
Diabetic Patient Eye Exam		
Numerator		
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039- 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213-99215, 99242-99245	CPT
	S0620, S0621, S3000	HCPCS
Diabetic Retinal Screening Negative in Prior Year	3072F	CPT-II
Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F	CPT-II
Eye Exam without Evidence of Retinopathy	2024F, 2025F, 2033F	CPT-II
Unilateral Eye Enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	CPT
Unilateral Eye Enucleation Left	08T1XZZ	ICD10PCS
Unilateral Eye Enucleation Right	08T0XZZ	ICD10PCS

Follow-Up After Hospitalization for Mental Illness (FUH)		
Numerator		
Visit Setting Unspecified	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231- 99233, 99238-99239, 99251-99255	CPT
BH Outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411- 99412, 99483, 99492-99494, 99510	CPT
Electroconvulsive Therapy	90870	CPT
Observation	99217-99220	CPT
Transitional Care Management Services	99495-99496	CPT
BH Outpatient	G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010- H2011, H2013-H2020, T1015	HCPCS
Community Mental Health Center POS	53ICD10-PCS Codes: GZB0ZZZ-GZB4ZZZ	
Ambulatory Surgical Center POS	24	
Outpatient POS	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72	
Partial Hospitalization POS	52	
Partial Hospitalization/Intensive Outpatient	G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485	HCPCS
Partial Hospitalization/Intensive Outpatient UB Rev	0905, 0907, 0912, 0913	
Telehealth POS	02	
Behavioral Healthcare Setting UB Rev Codes	0513, 0900-0919	
Telephone Visits	98966-98968, 99441-99443	CPT
Psychiatric Collaborative Care Management	99492-99494	CPT
Psychiatric Collaborative Care Management	G0512	HCPCS
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
Numerator		
Mental Illness Diagnosis Codes	F03.9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx	ICD-10
Intentional Self-Harm Diagnosis Codes	T39.92XA, T37.4X2D, T47.4X2S, T59.0X2S, For a full list please request it from your Quality Contact.	ICD-10
Visit Setting Unspecified	90791-90792, 90832-90834, 90836- 90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231- 99233, 99238-99239, 99251-99255	CPT
BH Outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411- 99412, 99483, 99492-99494, 99510	CPT
Partial Hospitalization POS	52	

Partial Hospitalization/Intensive Outpatient	G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485	HCPCS
Community Mental Health Center POS	53	
Electroconvulsive Therapy	90870	CPT
Ambulatory Surgical Center POS	24	
Outpatient POS	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72	
Telehealth POS	02	
Observation	99217-99220	CPT
Telephone Visits	98966-98968, 99441-99443	CPT
Behavioral Healthcare Setting UB Rev Codes	0513, 0900-0919	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
Numerator		
BMI Percentile	Z68.51-Z68.54	ICD10CM
	59574-4, 59575-1, 59576-9	LOINC
**** Multiple Measures**		
Exclusions		
Advanced Illness	A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6	ICD10CM
Frailty	99504, 99509	CPT
	E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298	HCPCS

	L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89, For a full list please request it from your Quality Contact.	ICD-10
Hospice	99377, 99378	CPT
	G9473-G9479, Q5003- Q5008, Q5010, S9126, T2042-T2046, G0182	HCPCS
Palliative Care	G9054	HCPCS

Appendix C: EHR Reporting

Preparation Checklist

1. Sign up for a Unified Medical Language System (UMLS) account to access the eCQM value sets within the National Library of Medicine's (NLM) Value Set. Authority Center (VSAC). *HINT:* Sign-up using a google account
2. Sign up for an ONC Project Tracking Jira account to obtain feedback on eCQM implementation questions by creating an issue ticket in the ONC Project Tracking System.
3. Sign up for an eCQI Resource Center account to receive timely updates.
4. Visit the Eligible Clinician eCQMs page and select 'Receive updates on this topic' at the top of the page to receive email alerts.
5. Work with your health IT vendor to ensure your systems are using updated technical standards and testing tools found in the eCQM Pre-Publication document and eCQM Standards and Tools versions table.
6. Review the ecQM Standards and Tools, and documents used to support the eCQM specifications for the appropriate reporting/performance year
   a. Guide for Reading eCQMs
   b. eCQM Logic and Implementation Guidance.

Implementation Checklist

7. Secure detailed information about each eCQM eligible measure
   a. Click into an eCQM on the online table in the eCQI Resource Center to view detailed human-readable information on the measure.
      - Download and open zip files for individual eCQMs.
      - Reference eCQM data elements for each measure in the eCQM Data Element Repository (DERep).
   b. Login into the VSAC using your UMLS® license log in to download eCQM data elements.
      - Review the Binding Parameter Specification (BPS) for eCQM Value Sets (BPS)
      - Download the eCQM Value Sets for Eligible Professionals and Eligible Clinicians.
8. Review the code system versions used in the eCQM specifications for the upcoming reporting/performance year
   a. Work with your coding department and health IT vendor to ensure your systems have been updated to the latest code versions.

Implementation/Annual Update Checklist

9. Prepare to implement the updates by understanding changes to the eCQM
    a. Download the appropriate eCQM Annual Update on the Eligible Clinician eCQMs page for the upcoming reporting year.
    b. Perform a Gap Analysis and review updated value sets and Binding Parameters.
    c. Read the Technical Release Notes (TRN).
        - Provides an overview of technical changes, e.g., logic and terminology to each eCQM. Identify the updates that require action on your part such as updating diagnosis codes and/or data fields available in your EHR or an end user's workflow.
10. Analyze System
    a. Define what system requirements are needed to implement the update.
    b. Consider potential workflow impacts.
    c. Compile a list of system requirements across the measures the organization will report, as well as overall workflow impacts.
    d. Implement system changes to support data capture for the updated measures.
    e. Educate clinicians on changes to data entry or workflow, if any.

Appendix D: Pulling EHR Measure Initial Populations

Cigarette Smoking Prevalence		
Eligible Encounter		
Annual Wellness Visit	G0438, G0439	HCPCS II
Preventive Care Services - Established Office Visit, 18 and up	99395-99397	CPT
Preventive Care Services - Group Counseling	99411, 99412	CPT
Preventive Care Services - Other	99429	CPT
Preventive Care Services-Individual Counseling	99401-99404	CPT
Preventive Care Services-Initial Office Visit, 18 and up	99385-99387	CPT
Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	CPT
Health behavior assessment, or re-assessment	96156	CPT
Home Healthcare Services	99341-99345, 99347-99350	CPT
Occupational Therapy Evaluation	97165-97168	CPT
Office Visit	99201-99205, 99212-99215	CPT
Ophthalmological Services	92002, 92004, 92012, 92014	CPT
Physical Therapy Evaluation	97161-97163	CPT
Psych Visit - Diagnostic Evaluation	90791, 90792	CPT
Psych Visit - Psychotherapy	90832, 90834, 90837	CPT
Psychoanalysis	90845	CPT
Speech and Hearing Evaluation	92521-92524, 92540, 92557, 92625	CPT
Telephone Visits	98966-98968, 99441-99443	CPT
Preventive Care Visits, ages 12-17	99384, 99394	CPT
Depression Screening AND Screening, Brief Intervention and Referral to Treatment		
Eligible Encounter		
Encounter to Screen for Depression	59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97165-97167, 99078, 99202-99205, 99212-99215, 99304-99310, 99315, 99316, 99318, 99324-99328, 99324-99340, 99384-99387, 99394-99397, 99401-99404, 99483, 99484, 99492, 99493	CPT
	G0101, G0402, G0438, G0439, G0444	HCPCS II
Diabetes Care: Hemoglobin A1C Poor Control		
Eligible Encounter		
Office Visit	99201-99205, 99212-99215	CPT
Annual Wellness Visit	G0438, G0439	HCPCS II
Preventive Care Services - Established Office Visit, 18 and up	99395-99397	CPT
Preventive Care Services-Initial Office Visit, 18 and up	99385-99387	CPT
Home Healthcare Services	99341-99345, 99347-99350	CPT