

2026 Quality Measure Guide

Measure Name & Description	How To Close Care Gap	CPT/CPTII Codes The following codes can be used to submit results for the measure. They are not intended to be a directive of your billing practice.	Tips and Best Practices	Exclusions	Lines of Business
Breast Cancer Screening - (BCS-E) The percentage of members ages 40-74 who had a mammogram screening within the last two years	Screening or diagnostic report of completed mammogram with date of service 2025 or 2026	77061, 77062, 77063, 77065, 77066, 77067	I. This measure does not include biopsies, breast ultrasounds, or MRIs II. Documentation in a member history must include the month and year of the mammogram (result is not required)	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or one year prior V. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution VI. History of bilateral or unilateral mastectomy VII. Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria	Medicare
Care for Older Adults (COA) - Functional Status Assessment The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year	<u>Assessment of Instrumental Activities of Daily Living (IADL)</u> <u>or assessment of at least 4:</u> chores, cleaning/housework, cooking/meal prep, driving or using public transit, home repair, paying bills or other financial tasks, taking prescribed medications, or using a phone OR <u>Activities of Daily Living (ADLs)</u> <u>or at assessment of at least 5:</u> bathing, dressing, eating meals/snacks, getting up and down from sitting or lying position, using the restroom, or walking	1170F	I. Assessment may be conducted via phone, in-person, or virtually II. "Functional status reviewed" doesn't indicate that a completed assessment was performed	I. Members in hospice or using hospice services II. Member who died	Medicare

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Care for Older Adults (COA) - Medication Review The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year	Medication list, signed and dated, must be included in the medical record and medication review must be completed by prescribing provider or clinical pharmacist Notation within the record that the medications were reviewed Signed and dated note from provider stating member is not taking any medications	1159F (Medication list documented) and 1160F (Review of all medications)	I. Documentation that the medications(s) aren't tolerated is not an exclusion II. A review of side effects for medication does not meet compliance III. Medical review conducted in an acute inpatient setting does not meet compliance IV. Reviewing practitioner is not required to be members primary or ongoing care provider V. Medication review can be conducted over the phone VII. An RN can collect list of medications from the member but there must be evidence a practitioner reviewed the list (signature)	I. Members in hospice or using hospice services II. Member who died	Medicare

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Colorectal Cancer Screening (COL-E) The percentage of members ages 45-75 who had an appropriate screening for colorectal cancer	Medical record documentation or lab report of: Colonoscopy - date of service during measurement year or 9 years prior (2017-2026) Flexible sigmoidoscopy or CT colonography – date of service during measurement year or 4 years prior (2022-2026) Cologuard/Stool DNA (sDNA) with FIT Test – date of service during measurement year or 2 years prior (2024-2026) iFOBT, gFOBT or FIT – date of service during measurement year (2026)	Colonoscopy: 44388, 44389, 44390 CT colonography: 74261, 74262, 74263 Stool DNA (Cologuard): 81528, 77353-1 Flexible sigmoidoscopy: 45330-45335 FOBT: 82270, 82274	I. Documentation of date of service in medical record meets criteria for compliance – year only is acceptable. Example: Colonoscopy completed in 2023" II. Member refusal is not an exclusion	I. Members in hospice or using hospice services II. Members receiving palliative care III. Members who died IV. Members who had colorectal cancer or a total colectomy any time during member's history or through 12/31/26 V. Medicare members 66 and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution as of 12/31/26 VI. Members 66 or older with two diagnoses of frailty on two different dates of service during measurement year and a diagnosis of advanced illness during the measurement year or year prior	Medicare
Concurrent Use of Opioids and Benzodiazepines (COB) The percentage of Medicare Part D beneficiaries ages 18 and older with two or more claims of the same or different prescription opioids and benzodiazepines	Concurrent use of opioids and benzodiazepines must be avoided or limited to less than 30 cumulative overlapping days in the measurement year		I. Lower rate represents better performance	I. Members with at least one day of hospice coverage II. Members receiving palliative care (Z51.5) III. Members diagnosed with cancer or cancer related pain treatment IV. Members diagnosed with Sickle Cell Disease	Medicare

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Controlling High Blood Pressure (CBP) The percentage of members ages 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled <140/90 mmHg during the measurement year	Medical record, progress notes, or vitals sheet with BP <140/90 mmHg and date of service during the measurement year documented	Systolic blood pressure 130-139 mm Hg - 3075F Systolic blood pressure <130 mmHg - 3074F Systolic blood pressure ≥140 mmHg - 3077F Diastolic blood pressure 80-89 mmHg - 3079F Diastolic blood pressure <80 mmHg - 3078F Diastolic blood pressure level ≥90 mmHg- 3080F	I. BP reading must be on or after the second hypertension diagnosis and must be the most recent BP value performed within the measurement year II. Member report BP readings taken during telehealth or telephone visits must be taken using a digital device and the documentation must state it was taken with digital/electronic device III. BP taken during an acute inpatient stay or same day as diagnostic test does not meet criteria for compliance	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Members with a diagnosis of pregnancy V. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution VI. Members ages 66-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior VII. Members ages 81 and older as of 12/31/26 who had at least two diagnoses of frailty on different states of service VIII. Member on dialysis, end-stage renal disease, kidney transplant, or nephrectomy on or before 12/31/26	Medicare
Eye Exam for Patients With Diabetes (EED) Percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had one of the following: Retinal or dilated eye exam by an optometrist or ophthalmologist during measurement year, Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to measurement year, Bilateral eye enucleations any time during their history or through 12/31/26	Dilated or retinal eye exam, fundus photography, exam notes evidence with or without diabetic retinopathy, or evidence of bilateral eye enucleation or acquired absence of both eyes	Diabetic eye exam without evidence of retinopathy: 2023F, 2025F, 2033F Diabetic eye exam with evidence of retinopathy: 2022F, 2024F, 2026F Diabetic retinal screening negative in year prior (can be billed by any provider): 3072F	I. Members without diabetic retinopathy should have an eye exam every 2 years II. Members with diabetic retinopathy should have an eye exam every year III. If documenting history of a dilated eye exam in a member's chart, and you don't have the eye exam report, you must include date of service, test, result, and optometrist or ophthalmologists name (example: "Last diabetic eye exam with Jane Smith, OD, was 09/16/25 with no retinopathy")	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution V. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service and a diagnosis of advanced illness during measurement year or year prior VI. Bilateral eye enucleation or bilateral absence of eyes any time during the members history or through 12/31/26	Medicare

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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) The percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit	Schedule an outpatient, telephone, or telehealth visit within 7 days of ED visit date	Transitional care management: 99495, 99496 Outpatient or telehealth visit: 98000-98016	I. This measure applies to ED visits only, if the patient is admitted to the hospital this measure does not apply II. If the patient cannot be seen within 7 days, they need to have an appointment within 30 days of the ED visit	I. Members in or using hospice services II. Members who died	Medicare
Glycemic Status Assessment for Patients with Diabetes <9.0% (GSD) The percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under <9.0%	HbA1c test result completed during the measurement year	HbA1c <7.0% - 3044F HbA1c >= 7.0% and 8.0% - 3051F HbA1c >= 8.0% and <= 9.0%: 3052F HbA1c > 9.0% - 3046F	I. The last result taken during the measurement year is counted for compliance II. Ranges and thresholds do not meet compliance III. If an A1c is completed in-house, the date of service must be included with the result, the date on the progress note does not meet criteria for compliance	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution V. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior	Medicare

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Kidney Health Evaluation for Patients with Diabetes (KED) The percentage of members ages 18-85 with diabetes (Type 1 and Type 2) who had a kidney health evaluation in the measurement year	Both an eGFR and a uACR test are required on the same or different	eGFR: 80047, 80048, 80050 uACR: 13705-9, 14958-3	I. Order and request labs prior to the members appointment to allow for discussion of results during the office visit	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Medicare members ages 66 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution V. Members ages 66-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior VI. Member with evidence of ESRD or dialysis	Medicare
Medication Adherence: Cholesterol (MAC), Hypertension (MAH), Diabetes (MAD) Members ages 18 and older with a prescription for diabetes, hypertension (RAS antagonists), or cholesterol (statins) medications who fill their prescription often	A member must have a proportion of days covered (PDC) of 80% or higher by 12/31/26		I. Medication Adherence will be single-weighted for MY26 and back to triple weighted in MY27 II. Consider 90 day or 100 day fills	I. Members with diabetes who are taking insulin (MAD only) II. Members with one or more prescription claim for sacubitril/valsartan (MAH only) III. Members in hospice or using hospice services IV. ESRD or dialysis	Medicare

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Osteoporosis Management in Women Who Had a Fracture (OMW) The percentage of members ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture date	DEXA Scan within 6 months of the fracture date or osteoporosis medication dispensed within 6 months of the fracture date (pharmacy data)	76977, 77080, 77081, 77085, 77086	I. If the fracture resulted in an inpatient stay, a BMD test or osteoporosis therapy administered during the stay meets criteria for compliance	I. Members in hospice or using hospice services II. Member who died III. Members receiving palliative care IV. Members who had a BMD test 24 months prior to the fracture V. Members who had osteoporosis therapy 12 months prior to the fracture VI. Members who were dispensed a medication or had an active prescription for the medication to treat osteoporosis 12 months prior to the fracture VII. Members ages 81 and older as of 12/31/26 who had at least two diagnoses of frailty on two different dates of service during measurement year VIII. Members ages 67-80 as of 12/31/26 who had two diagnoses of frailty on different dates of service and a diagnosis of advanced illness during measurement year or one year prior IX. Medicare members ages 67 and older as of 12/31/26 who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long term institution	Medicare
Plan All-Cause Readmissions (PCR) The risk-adjusted ratio of observed-to-expected unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization for members 18 and older	Schedule an outpatient, telephone, or telehealth visit after inpatient discharge to potentially avoid readmission into the hospital		I. A lower rate indicates a better score for this measure	I. Members in or using hospice services II. Members who died during the inpatient stay III. Members with a principal diagnosis of pregnancy on the discharge claim IV. Acute hospitalizations where the discharge claim has a diagnosis for chemotherapy, organ transplant, or potentially planned procedure w/out a principal acute diagnosis	Medicare

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Polypharmacy - Use of Multiple Anticholinergics Medications in Older Adults (Poly-CH) The percentage of Medicare Part D beneficiaries ages 65 and older with concurrent use of two or more unique anticholinergic medications on different dates of service during the measurement year	Concurrent use of two or more anticholinergics must be avoided or, if necessary, limited to less than 30 days during the measurement year		I. Lower rate represents better performance	I. Members with at least one day of hospice coverage during the measurement year	Medicare
Statin Therapy for Patients with Cardiovascular Disease (SPC-E) The percentage of members ages 21-75 the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one fill of high or moderate intensity statin medication during the measurement year	Prescribe a high or moderate intensity statin during measurement year		I. Bill exclusions early in the measurement year	I. Members who died II. Members in hospice or using hospice services III. Members receiving palliative care (Z51.5) IV. Members diagnoses with the following side effects: myalgia, myositis, myopathy, or rhabdomyolysis V. Members with a diagnosis of cirrhosis, ESRD, dialysis, pregnancy, or in vitro fertilization VI. Members ages 66 and older as of 12/31/26 who had two diagnoses of frailty on different dates of service during the measurement year and a diagnosis of advanced illness during measurement year or year prior	Medicare
Statin Use in Persons with Diabetes (SUPD) The percentage of Medicare members age 40-75 who were dispensed at least two diabetes medications and also received a statin medication fill during the measurement year	Prescribe least 1 statin or statin combination medication of any strength or dose during the measurement year			I. Members in hospice or using hospice services II. Members who filled a PCSK9 inhibitor or bempedoic acid during the measurement year and do not have a statin fill or other exclusion III. Members with a diagnosis of ESRD, dialysis, lactation, pregnancy, cirrhosis, PCOS, pre-diabetes, fertility, rhabdomyolysis, or myopathy	Medicare

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Transitions of Care – Inpatient Admission Notification (TRC-RA) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a notification of inpatient admission documented the date of or 2 days after the admission (3 days total)	Medical record documentation about the admission can include record of a discussion or information transfer between inpatient staff/provider and the members PCP, Health information exchange (HIE), automated admission/discharge transfer (ADT) or shared EMR system with the members PCP, evidence the PCP communicated with the ED about admission or medical record documentation, members PCP admitted member to the hospital, or a specialist admitted the member to the hospital and notified the members PCP		I. Admission is defined as the date of the inpatient admission or the date of admission when an OBVS turns into an inpatient admission	I. Members in or using hospice services II. Members who died	Medicare
Transitions of Care – Medication Reconciliation Post-Discharge (TRC-MRP) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with medication reconciliation documented on the date of the discharge through 30 days after the discharge (31 days total)	Documentation of current medications and discharge medications reconciled and reviewed on the same date of service by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge or 30 days after (31 days total)	1111F	I. Document if no medications were prescribed at discharge	I. Members who died	Medicare

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Transitions of Care – Patient Engagement After Inpatient Discharge (TRC-PE) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with engagement documented within 30 days of the discharge date	Member engagement with provider in any of the following settings: outpatient visit (office or home), telephone visit, telehealth visit, virtual check-in between member and provider, or transitional care management	99483, 99345	I. Do not include patient engagement on the same date of discharge	I. Members in or using hospice services II. Members who died	Medicare
Transitions of Care – Receipt of Discharge Information (TRC-RD) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a receipt of discharge information documented the day of or 2 days after discharge (3 days total)	PCP or ongoing provider has access to discharge information on the day of discharge or two days after (3 days total) via discharge summary, summary of care record, or noted in EHR		I. Home health records or skilled nursing facility minimum data set (MDS) form meets criteria for compliance	I. Members who died	Medicare