

# **2026 STARS/HEDIS MEASURE DESCRIPTIONS & CODES**



## REQUIRED EXCLUSIONS FOR MOST MEASURES UNLESS OTHERWISE INDICATED IN THE EXCLUSION SECTION

- Members in hospice or using hospice services any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care any time during the measurement year.
- Members 66 or older enrolled in an Institutional SNP (I-SNP) during the measurement year.
- Members 66 or older living long-term in an institution any time during the measurement year as identified by the LTI flag.
- Members 66 and older as of December 31 of the measurement year with frailty AND advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:

**Frailty:**

- At least two indications of frailty with different dates of service during the measurement year **AND**

**Advanced Illness:**

- Either of the following during the MY or the year prior to the MY.
  - Advanced illness on at least two different DOS
  - Dispensed dementia medication

## ABBREVIATIONS/DEFINITIONS

DOS - Date of Service

MY - Measurement Year

PDC - Proportion of Days Covered

PDE - Prescription Drug Event

PY - Prior Year

NCQA has added a dash and a capital letter “E” after measure abbreviations reported using ECDS only.

ECDS measures may not be impacted for gap closure using medical records - gap closure comes from EHR data, Health Exchange, Claims, and CM systems.

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Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Glycemic Status Assessment for Patients with Diabetes</b>	<b>GSD</b>	<p>The percentage of members 18-75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c (HbA1c) or glucose management indicator [GMI]) was at the following levels during the measurement period (2026).</p> <ul style="list-style-type: none"> <li>Glycemic Status (&lt;8.0%) - Considered Compliant</li> <li>Glycemic Status (&gt;9.0%) - Considered Non-Compliant</li> </ul>	<p><b>HbA1c Lab Test</b> CPT: 83036, 83037 LOINC: 4548-4, 4549-2, 17855-8, 17856-6, 96595-4</p> <p><b>HbA1c level greater than or equal to 8.0</b> CPT-CAT-II:3046F, 3052F</p> <p><b>HbA1c level less than 8.0</b> CPT-CAT-II: 3044F, 3051F</p> <p><b>HbA1c level less than or equal to 9.0</b> CPT-CAT-II: 3044F, 3051F, 3052F</p> <p><b>HbA1c test result or finding</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F SNOMED CT US EDITION: 165679005, 451061000124104</p> <p><b>CPT CAT II Code Modifiers</b> 1P, 2P, 3P, 8P</p>	*See list of Required Exclusions for all Measures on page 1
	<b>Blood Pressure Control for Patients with Diabetes</b>	<b>BPD-E</b>	<p>The percentage of members 18-75 years of age with diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement period (2026).</p> <p><b>Note:</b> This is a HEDIS measure</p> <ul style="list-style-type: none"> <li>Compliant: BP is &lt;140/90 mm Hg.</li> <li>Non-compliant: BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).</li> </ul> <p>Measure was converted to ECDS in 2026 (no medical records allowed for gap closure).</p> <p>*See definition section for ECDS description on page 1.</p>	<p><b>Systolic Blood Pressure</b> LOINC: 75997-7, 8459-0, 8480-6, 8508-4, 8546-4, 8547-2 CPT-CAT-II: 3074F, 3075F, 3077F</p> <p><b>Systolic Blood Pressure less than 140 mm Hg</b> CPT-CAT-II: 3074F, 3075F</p> <p><b>Diastolic Blood Pressure</b> LOINC: 75995-1, 8453-3, 8462-4, 8496-2, 8514-2, 8515-9, CPT-CAT-II: 3078F, 3079F, 3080F</p> <p><b>Diastolic Blood Pressure less than 90 mm Hg</b> CPT-CAT-II: 3078F, 3079F</p> <p><b>Systolic and Diastolic Result</b> CPT-CAT-II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p><b>CPT CAT II Code Modifiers</b> 1P, 2P, 3P, 8P</p>	*See list of Required Exclusions for all Measures on page 1

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/ CHRONIC CONDITIONS	<b>Blood Pressure Control for Patients with Hypertension</b>	<b>BPC-E</b>	<p>The percentage of members 18–85 years of age with diagnosis of hypertension (HTN) whose blood pressure (BP) was &lt;140/90 mm Hg during the measurement period (2026).</p> <p><b>Note:</b> This measure will replace the current Controlling Blood Pressure (CBP) measure in 2027 and will be ECDS only (no medical records allowed for gap closure).</p> <ul style="list-style-type: none"> <li>Compliant: BP is &lt;140/90 mm Hg.</li> <li>Non-compliant: BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).</li> </ul> <p>*See definition section on page 1 for ECDS description.</p>	<p><b>Systolic Blood Pressure</b>            LOINC: 75997-7, 8459-0, 8480-6, 8508-4, 8546-4, 8547-2            CPT-CAT-II: 3074F, 3075F, 3077F</p> <p><b>Systolic Blood Pressure less than 140 mm Hg</b>            CPT-CAT-II: 3074F, 3075F</p> <p><b>Diastolic Blood Pressure</b>            LOINC: 75995-1, 8453-3, 8462-4, 8496-2, 8514-2, 8515-9            CPT-CAT-II: 3078F, 3079F, 3080F</p> <p><b>Diastolic Blood Pressure less than 90 mm Hg</b>            CPT-CAT-II: 3078F, 3079F</p> <p><b>Systolic and Diastolic Result</b>            CPT-CAT-II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p><b>CPT CAT II Code Modifiers</b>            1P, 2P, 3P, 8P</p>	<p>* See list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Eye Exam for Patients with Diabetes</b>	<b>EED</b>	<p>The percentage of members 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.</p> <p>Screening or monitoring for diabetic retinal disease includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2026 exams can be positive or negative).</li> <li>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (2025).</li> </ul> <p>Measure was converted to claims only in 2026 (no medical records allowed for gap closure).</p>	<p><b>Retinal Eye Exams</b>            CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245            HCPCS: S0620, S0621, S3000            SNOMED CT US EDITION: 6615001, 18188000, 21593001, 30842004, 36844005, 53524009, 56072006, 56204000, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 252846004, 274795007, 274798009, 308110009, 314972008, 391999003, 392005004, 410441007, 410450009, 410451008, 410452001, 410453006, 410455004, 416369006, 417587001, 420213007, 425816006, 427478009, 700070005, 722161008</p> <p><b>Eye Exam With Evidence of Retinopathy</b>            CPT-CAT II: 2022F, 2024F, 2026F</p> <p><b>Eye Exam Without Evidence of Retinopathy</b>            CPT-CAT II: 2023F, 2025F, 2033F</p> <p><b>Diabetic Retinopathy Severity Level</b>            LOINC: LA18643-9, LA18644-7, LA18645-4, LA18646-2, LA18648-8</p> <p><b>Unilateral Eye Enucleation</b>            CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114            SNOMED CT US EDITION: 59590004, 172132001, 205336009, 397800002, 397994004, 398031005, 1303651001, 1303652008</p> <p><b>CPT CAT II Code Modifiers</b>            1P, 2P, 3P, 8P</p> <p><b>Retinal Imaging</b>            CPT: 92227, 92228            SNOMED CT US EDITION: 3047001, 20067007, 314971001</p>	<p>*See list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Kidney Health Evaluation for Patients with Diabetes</b>	<b>KED</b>	<p>The percentage of members 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR), during the measurement year (2026).</p> <p><b>Note: uACR identified by either of the following:</b></p> <ul style="list-style-type: none"> <li>Both a quantitative urine albumin test <b>and</b> a urine creatinine test on the same or different dates of service <b>with</b> service dates four days or less apart <b>or</b></li> <li>A uACR (Urine Albumin Creatinine Ratio Lab Test).</li> </ul>	<p><b>Estimated Glomerular Filtration Rate Lab Test</b>            CPT: 80047, 80048, 80050, 80053, 80069, 82565            LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6, 102097-3</p> <p><b>Quantitative Urine Albumin Lab Test</b>            CPT: 82043            LOINC: 100158-5, 1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7</p> <p><b>Urine Albumin Creatinine Ratio Lab Test</b>            LOINC: 9318-7, 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9</p> <p><b>Urine Creatinine Lab Test</b>            CPT: 82570            LOINC: 2161-8, 20624-3, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5</p>	<ul style="list-style-type: none"> <li>Members with a diagnosis of ESRD or dialysis any time during the member’s history on or prior to December 31st of the measurement year.</li> <li>Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year.</li> </ul> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>
	<b>Medication Adherence for Diabetes Medications</b>	<b>All Class</b>	<p>The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications enough to cover 80% or more of the time they are supposed to be taking the medication.</p> <p><b>Note:</b> Diabetes medications include: biguanides, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, a GIP/GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 SGLT2 inhibitors.</p> <ul style="list-style-type: none"> <li>Plan members who take insulin are not included.</li> </ul>	<p>Mass Advantage allows members to receive up to a 100-day supply on most maintenance medications when prescribed as such, except where formulary tier restrictions limit dispensing quantities.</p> <p><b>Pharmacies will dispense based on maximum day supply allowed by the Plan, when limitations apply.</b></p> <p>The data for this measure comes from PDE data submitted by drug plans to CMS Drug Data Processing Systems (DDPS) and accepted by the 2026 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2026-December 31, 2026.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> <li>Hospice enrollment</li> <li>ESRD diagnosis or dialysis coverage dates</li> <li>One or more prescriptions for insulin</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Medication Adherence for Hypertension</b>	<b>RAS Antagonists</b>	The percent of Medicare Part D beneficiaries 18 years older who adhere to their prescribed drug therapy often enough to cover 80% or more of the time they are supposed to be taking the drug therapy for renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications.	<p>Mass Advantage allows members to receive up to a 100-day supply on most maintenance medications when prescribed as such, except where formulary tier restrictions limit dispensing quantities.</p> <p><b>Pharmacies will dispense based on maximum day supply allowed by the Plan, when limitations apply.</b></p> <p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2026 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2026-December 31, 2026.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their RAS antagonist medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> <li>• Hospice enrollment</li> <li>• ESRD diagnosis or dialysis coverage dates</li> <li>• One or more prescriptions for sacubitril/valsartan</li> </ul>
	<b>Medication Adherence for Cholesterol</b>	<b>Statins</b>	The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for statin cholesterol medications often enough to cover 80% or more of the time they are supposed to be taking the medication.	<p>Mass Advantage allows members to receive up to a 100-day supply on most maintenance medications when prescribed as such, except where formulary tier restrictions limit dispensing quantities.</p> <p><b>Pharmacies will dispense based on maximum day supply allowed by the Plan, when limitations apply.</b></p> <p>The data for this measure come from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2026 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2026-December 31, 2026.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in the therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their statin medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> <li>• Hospice enrollment</li> <li>• ESRD diagnosis or dialysis coverage dates</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Statin Use in Persons with Diabetes</b>	<b>SUPD</b>	<p>The percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period (2026).</p> <p><b>Note:</b> This measure is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs.</p> <p>ASCVD is defined as MI, CABG, PCI, IVD or other revascularization procedure.</p>	<p>Mass Advantage allows members to receive up to a 100-day supply on most maintenance medications when prescribed as such, except where formulary tier restrictions limit dispensing quantities.</p> <p><b>Pharmacies will dispense based on maximum day supply allowed by the Plan, when limitations apply.</b></p> <p>Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 90 days before the end of the measurement year or end of the enrollment episode.</p> <p>While filling any statin prescription through their Mass Advantage insurance will move the member to compliance, the 2026 Standards of Care in Diabetes by the American Diabetes Association (ADA) continues to recommend the following:</p> <ul style="list-style-type: none"> <li>• For patients with diabetes aged 40-75 years without ASCVD, use <b>moderate-intensity statin</b> therapy in addition to lifestyle therapy, regardless of LDL levels.</li> <li>• In patients with diabetes at higher risk, especially those with multiple ASCVD risk factors or aged 50-70 years, it is reasonable to use <b>high-intensity statin</b> therapy.</li> <li>• For patients who do not tolerate the intended intensity, the maximally tolerated statin dose should be used.</li> </ul> <p>Examples of moderate-intensity statins include: atorvastatin 10-20mg, rosuvastatin 5-10mg, simvastatin 20-40mg, pravastatin 40-80mg, lovastatin 40mg.</p> <p>High-intensity statins include: atorvastatin 40-80mg, rosuvastatin 20-40mg.</p>	<ul style="list-style-type: none"> <li>• Hospice enrollment</li> <li>• ESRD diagnosis or dialysis coverage dates</li> <li>• Rhabdomyolysis and myopathy</li> <li>• Pregnancy</li> <li>• Lactation and fertility</li> <li>• Cirrhosis</li> <li>• Pre-Diabetes</li> <li>• Polycystic Ovary Syndrome</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	<b>Osteoporosis Management in Women who had a Fracture</b>	<b>OMW</b>	<p>The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.</p> <p><b>Note:</b> Fractures of finger, toe, face and skull are not included in this measure.</p> <p>The measurement period is from July 1 of the year prior (2025) to June 30 of the measurement year (2026).</p>	<p><b>Bone Mineral Density Tests</b> CPT: 76977, 77080, 77081, 77085, 77086</p> <p>ICD10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1</p> <p>LOINC: 100225-2, 101804-3, 101805-0, 104938-6, 24701-5, 24890-6, 24966-4, 38261-4, 38262-2, 38263-0, 38264-8, 38265-5, 38266-3, 38267-1, 46278-8, 46279-6, 46383-6, 80932-7, 80933-5, 80934-3, 80935-0, 80936-8, 80937-6, 80938-4, 80939-2, 80940-0, 80941-8, 80942-6, 80943-4, 80944-2, 80945-9, 80946-7, 80947-5, 80948-3, 80949-1, 80950-9, 80551-7, 80952-5, 80953-3, 80954-1, 80955-8, 80956-6, 83311-1, 85385-3, 85386-1, 85387-9, 85388-7, 85389-5, 83590-3, 85391-1, 85392-9, 85393-7, 85394-5</p> <p><b>Bone Mineral Density Test Result or Finding</b> SNOMED CT US EDITION: 385342005, 391059003, 391060008, 391061007, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391075000, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 1345131002</p> <p><b>Osteoporosis Medication Therapy</b> HCPCS: J0897, J1740, J3110, J3111, J3489, Q5136</p>	<ul style="list-style-type: none"> <li>Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year.</li> </ul> <p>*This exclusion plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Plan All-Cause Readmissions	PCR	<p>The number of acute inpatient stays during the measurement year (2026) that were followed by an unplanned acute readmission (inpatient and observation stays) for any diagnosis within 30 days, for members 18 years of age and older.</p> <p><b>Note:</b> The denominator for this measure is based on discharges, not members, so members can be in the measure multiple times.</p> <p>All acute inpatient or observation stay discharges for members with one or more discharges on or between January 1 and December 1 of the measurement year are included.</p> <p>Inpatient and observation stays where the discharge date from the first setting and the admission date to the second setting are 2 or more calendar days apart must be considered distinct stays.</p>	All codes related to unplanned readmissions within 30 days of a discharge from an acute inpatient facility will be flagged, bringing the member into the measure as non-compliant.	<p>Exclude hospital stays for the following reasons:</p> <ul style="list-style-type: none"> <li>• The member died during the stay.</li> <li>• A principal diagnosis of pregnancy or a condition originating in the perinatal period.</li> <li>• Members who use hospice services or elect to use a hospice benefit any time during the measurement year.</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	FMC	<p>The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p><b>Note:</b> The denominator for this measure is based on ED visits between January 1 and December 24 of the measurement year, not on members so members can be in the measure multiple times.</p> <p>The following are eligible chronic condition diagnoses:</p> <ul style="list-style-type: none"> <li>• COPD</li> <li>• Alzheimer’s Disease or related disorders</li> <li>• Chronic Kidney Disease</li> <li>• Depression</li> <li>• Heart Failure</li> <li>• Acute Myocardial Infarction</li> <li>• Atrial Fibrillation</li> <li>• Stroke and Transient Ischemic Attack</li> </ul>	<p><b>Note:</b> Comprehensive list of BH Outpatient codes, Substance use disorder, Outpatient, ED, Telehealth, and Nonacute Inpatient codes are included in the HEDIS Value Sets though not listed here.</p> <p><b>Complex Care Management Services</b> CPT: 99439, 99490, 99491, 99489, 99487 HCPCS: G0506</p> <p><b>Case Management Encounter</b> CPT: 99366 HCPCS: T1016, T2022, T1017, T2023 SNOMED CT US EDITION: 386230005, 425604002, 416341003</p> <p><b>Outpatient and Telehealth</b> CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015 SNOMED CT US EDITION: 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103 UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Transitional Care Management Services</b> CPT: 99495, 99496</p> <p><b>Visit Setting Unspecified</b> CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p> <p><b>Outpatient POS</b> POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Telehealth POS</b> POS: 02, 10</p>	<ul style="list-style-type: none"> <li>• Members in hospice or using hospice services any time during the measurement year.</li> <li>• Members who die any time during the measurement year.</li> <li>• ED visits that result in an inpatient stay.</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Transitions of Care	TRC	<p>The percentage of discharges for members 18 years of age and older who had each of the following.</p> <p><b>Four rates are reported:</b></p> <p><b>1. Notification of Inpatient Admission:</b> Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).</p> <p><b>2. Receipt of Discharge Information:</b> Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).</p> <p><b>3. Patient Engagement After Inpatient Discharge:</b> Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</p> <p><b>4. Medication Reconciliation Post-Discharge:</b> Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).</p> <p><b>Note:</b> The denominator for this measure is based on discharges, not on members. If members have more than one discharge, all inpatient stays are included if on or between January 1 and December 1 of the measurement year (2026).</p>	<p><b>Medication Reconciliation Encounter</b> CPT: 99483, 99495, 99496</p> <p><b>Medication Reconciliation Intervention</b> CPT-CAT-II: 1111F</p> <p>SNOMED CT US EDITION: 430193006, 428701000124107</p> <p><b>Outpatient and Telehealth</b> CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p>HCPCS: G0071, G2010, G2012, G2250, G2251, G2252, G0402, G0438, G0439, G0463, T1015</p> <p>SNOMED CT US EDITION: 209099002, 77406008, 84251009, 185317003, 185463005, 185464004, 185465003, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 3391000175108, 444971000124105, 456201000124103, 50357006, 86013001, 866149003, 90526000</p> <p>UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Transitional Care Management Services</b> CPT: 99495, 99496</p> <p><b>CPT CAT II Code Modifiers</b> 1P, 2P, 3P, 8P</p>	<ul style="list-style-type: none"> <li>Members in hospice or using hospice services any time during the measurement year.</li> <li>Members who died any time during the measurement year.</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
RESPIRATORY/CARDIOVASCULAR	<b>Controlling High Blood Pressure</b>	<b>CBP</b>	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (2026).	<p><b>Systolic Blood Pressure</b> LOINC: 75997-7, 8459-0, 8480-6, 8508-4, 8546-4, 8547-2 CPT-CAT-II: 3074F, 3075F, 3077F</p> <p><b>Systolic Blood Pressure Less than 140 mm Hg</b> CPT-CAT-II: 3074F, 3075F</p> <p><b>Diastolic Blood Pressure</b> LOINC: 75995-1, 8453-3, 8462-4, 8496-2, 8514-2, 8515-9 CPT-CAT-II: 3078F, 3079F, 3080F</p> <p><b>Diastolic Blood Pressure Less Than 90 mm Hg</b> CPT-CAT-II: 3078F, 3079F</p> <p><b>Systolic and Diastolic Result</b> CPT-CAT-II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p><b>CPT CAT II Code Modifiers</b> 1P, 2P, 3P, 8P</p>	<ul style="list-style-type: none"> <li>Members with a diagnosis of end-stage renal disease (ESRD) any time during the member’s history on or prior to December 31 of the measurement year.</li> <li>Members with evidence of dialysis, nephrectomy, or kidney transplant any time during the member’s history on or prior to December 31 of the measurement year.</li> <li>Members with a diagnosis of pregnancy any time during the measurement year.</li> </ul> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>
	<b>Statin Therapy for Patients with Cardiovascular Disease</b>	<b>SPC-E</b>	<p>The percentage of persons 21–75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year (2026).</p> <p><b>Note:</b> ASCVD defined as MI, CABG, PCI, IVD or other revascularization procedure.</p> <p>Measure was converted to ECDS in 2026</p> <p>*See definition section for ECDS description on page 1.</p>	<p>This measure is based on the percent of members with heart disease who were prescribed the right type of cholesterol-lowering drugs.</p> <p>The American College of Cardiology and American Heart Association (ACC/AHA) guidelines recommend use of moderate to high-intensity statins or maximally tolerated statins in adults with established clinical ASCVD.</p> <p>To be considered compliant, the member must have filled a moderate or high-intensity statin.</p> <p>Examples of moderate-intensity statins include: atorvastatin 10-20mg, rosuvastatin 5-10mg, simvastatin 20-40mg, pravastatin 40-80mg, lovastatin 40mg</p> <p>High-intensity statins include: atorvastatin 40-80mg, rosuvastatin 20-40mg</p> <p>Mass Advantage allows members to receive up to a 100-day supply on most maintenance medications when prescribed as such, except where formulary tier restrictions limit dispensing quantities.</p> <p><b>Pharmacies will dispense based on maximum day supply allowed by the Plan, when limitations apply.</b></p>	<ul style="list-style-type: none"> <li>Diagnosis of pregnancy, in vitro fertilization, prescription for clomiphene, ESRD, dialysis, cirrhosis in the measurement year or year prior to the measurement year.</li> <li>Myalgia, myositis, or rhabdomyolysis in the measurement year.</li> </ul> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
PREVENTION AND SCREENING	Colorectal Cancer Screening	COL-E	<p>The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.</p> <p>Appropriate screenings are defined by one of the following:</p> <ul style="list-style-type: none"> <li>• FOBT during the measurement year (2026).</li> <li>• Flexible sigmoidoscopy during the measurement year (2026) or the 4 years prior to the measurement year (2022-2026).</li> <li>• Colonoscopy during the measurement year (2026) or the 9 years prior to the measurement year (2017-2026).</li> <li>• CT colonography during the measurement year (2026) or the 4 years prior to the measurement year (2022-2026).</li> <li>• Stool DNA (sDNA) with FIT test during the measurement year (2026) or the 2 years prior to the measurement year (2024-2026).</li> </ul>	<p><b>Colonoscopy</b> CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398</p> <p>HCPCS: G0105, G0121</p> <p>SNOMED CT US EDITION: 1209098000, 1217313001, 12350003, 1304042004, 1304043009, 1304044003, 1304045002, 1304049008, 1304050008, 1351202006, 10371000132109, 25732003, 73761001, 174158000, 174171002, 174173004, 174179000, 174185007, 235150006, 302052009, 311774002, 367535003, 426699005, 443998000, 444783004, 446521004, 446745002, 447021001, 609197007, 48021000087, 48031000087, 48021000087103, 48031000087101, 709421007, 710293001, 711307001, 771568007, 773128008, 773129000, 789778002, 8180007</p> <p><b>CT Colonography</b> CPT: 74261, 74262, 74263</p> <p>LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3</p> <p><b>sDNA FIT Lab Test</b> CPT: 81528, 0464U</p> <p>LOINC: 77353-1, 77354-9</p> <p><b>Flexible Sigmoidoscopy</b> CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350</p> <p>HCPCS: G0104</p> <p>SNOMED CT US EDITION: 44441009, 396226005, 425634007</p> <p><b>FOBT Lab Test</b> CPT: 82270, 82274</p> <p>HCPCS: G0328</p> <p>LOINC: 104738-0, 107189-3, 107190-1, 107191-9, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6</p> <p><b>FOBT Test Result or Finding</b> SNOMED CT US EDITION: 59614000, 167667006, 389076003, 71711000112103</p>	<p>Colorectal cancer or a total colectomy anytime in member Hx through Dec 31 measurement year.</p> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
PREVENTION AND SCREENING	Breast Cancer Screening	BCS-E	<p>The percentage of members 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.</p> <p><b>Note:</b> Measurement period for testing is October 1 two years prior to the measurement period (2024) through the end of the measurement year (2026).</p>	<p><b>Mammography</b>  CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>LOINC: 103892-6, 103885-0, 103886-8, 103894-2, 103893-4, 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</p>	<p>Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member’s history through the end of the measurement period.</p> <p><b>Any of the following meet the criteria for bilateral mastectomy:</b></p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy</li> <li>• Unilateral mastectomy with bilateral modifier</li> <li>• Unilateral mastectomy found in clinical data with a bilateral modifier</li> <li>• History of bilateral mastectomy</li> <li>• Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.</li> </ul> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PREVENTION AND SCREENING</p>	<p><b>Documented Assessment after Mammogram</b></p>	<p><b>DBM-E</b></p>	<p>The percentage of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40–74 years of age.</p> <p><b>Note:</b> This measure will replace the current BCS-E in 2027. If inconclusive or identified as high-risk, a follow up within 90 days is required (see FMA-E).</p>	<p><b>Mammography</b> CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>LOINC: 103892-6, 103885-0, 103886-8, 103894-2, 103893-4, 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</p> <p><b>BIRADS Assessment</b> RadLex Radiology Lexicon: RID36028, RID36029, RID36030, RID36031, RID36032, RID36033, RID36034, RID36035, RID36036, RID36041</p> <p>SNOMED CT US EDITION: 397138000, 397140005, 397141009, 397143007, 397144001, 397145000, 6111000179101, 6121000179106, 6131000179108, 6141000179100</p>	<ul style="list-style-type: none"> <li>• Members in hospice or using hospice services any time during the measurement year.</li> <li>• Members who die any time during the measurement year.</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
OVERUTILIZATION	Follow-up after Abnormal Mammogram Assessment	FMA-E	The percentage of inconclusive or high-risk BI-RADS assessments for persons 40-74 years of age that received appropriate follow-up within 90 days of the assessment.	<p><b>Mammography</b> CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>LOINC: 103892-6, 103885-0, 103886-8, 103894-2, 103893-4, 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</p> <p><b>Breast Ultrasound</b> CPT: 76641, 76642</p> <p>LOINC: 105420-4, 105421-2, 24599-3, 24601-7, 26215-4, 26216-2, 26288-1, 26290-7, 42132-1</p> <p><b>Breast Biopsy</b> CPT: 19081, 19083, 19085, 19100, 19101</p> <p>SNOMED CT US EDITION: 10940003, 28768007, 42125001, 44578009, 116219004, 116220005, 116334007, 172086006, 237372000, 237375003, 237376002, 237377006, 237378001, 237379009, 265253005, 274331003, 287553003, 303689004, 307298009, 387736007, 432109009, 432157003, 432337008, 432550005, 433008009, 433685008, 433805008, 442963006, 445171002, 445437001, 448336005, 448689003, 709628007, 711508007, 723990008, 725936002, 736615002, 770568001, 770569009, 770570005, 771086002, 771625002, 785800009, 786883001, 866232001, 1179705005, 1179707002, 1179708007, 1220570007, 1220571006, 1220572004, 1264555004, 1264556003, 1268323005, 1268996004, 1332066007, 1332067003, 1333891002, 1333892009, 1333893004, 1333894005, 1333895006, 1333896007, 1333897003, 1333898008, 1333899000, 1333900005, 1333901009, 1333902002, 1333903007, 1333904001, 1333905000, 1333906004, 1334078005, 1334079002, 1334080004, 1356791009, 2131000087106, 2141000087100, 2841000087108, 4541000087104, 4551000087101, 5181000087103, 12131000087109, 305011000000108, 305051000000107, 305071000000103, 306371000000109, 306381000000106, 306641000000107, 306651000000105, 306671000000101, 307971000000105, 307981000000107, 308041000000102, 872731000000104</p>	<ul style="list-style-type: none"> <li>Members in hospice or using hospice services any time during the measurement year.</li> <li>Members who die any time during the measurement year.</li> </ul>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
OVERUTILIZATION	<b>Concurrent Use of Opioids and Benzodiazepines</b>	<b>COB</b>	<p>The percent of Medicare Part D beneficiaries 18 years and older with concurrent use of prescription opioids and benzodiazepines during the measurement period (2026).</p> <p><b>Note:</b> The PQA (Pharmacy Quality Alliance) defines concurrent use as overlapping days supply for an opioid and benzodiazepine at least 30 cumulative days during the measurement period. The COB measurement period starts at the date of the first opioid prescription claim and the end of the enrollment episode must extend at least 30 days from the first opioid prescription claim.</p>	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2026 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2026-December 31, 2026.</p> <p><b>**This is an inverse measure, so members brought into the numerator are considered non-compliant.**</b></p>	<ul style="list-style-type: none"> <li>Hospice enrollment during the measurement year</li> <li>Members who received palliative care services during the measurement year</li> <li>Cancer diagnosis during the measurement year</li> <li>Sickle cell disease diagnosis during the measurement year</li> </ul>
	<b>Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults</b>	<b>POLY-ACH</b>	<p>The percent of Part D beneficiaries 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period (2026).</p> <p><b>Note:</b> The PQA defines concurrent use as overlapping days supply for at least 30 cumulative days during the measurement period. The Poly-ACH measurement period starts at the date of the first anticholinergic prescription claim and the end of the enrollment episode must extend at least 30 days from the first prescription claim.</p>	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2026 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2026-December 31, 2026.</p> <p>When prescribing an anti-cholinergic medication, review the patient's current medication list for other anti-cholinergic drugs they are already taking.</p> <p>Commonly-used anti-cholinergic medications include:cyclobenzaprine, hydroxyzine, paroxetine, amitriptyline, doxepin, nortriptyline, olanzapine, OAB medications (darifenacin, oxybutynin, tolterodine, etc.), prochlorperazine, promethazine.</p> <p><b>**This is an inverse measure, so members brought into the numerator are considered non-compliant.**</b></p>	<ul style="list-style-type: none"> <li>Hospice enrollment during the measurement year</li> </ul>