Capital Health Plan Quality Guide 2026

Developed by: Capital Health Plan Clinical Quality & Performance Improvement (CQPI) Department Staff

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

A Publication of Capital Health Plan

Quality Guide 2026

Welcome to the 2026 Quality Guide, Developed by the CHP Clinical Quality & Performance (CQPI) Department. This guide serves as a valuable resource to deepen your understanding of various quality measurement programs and tools that help identify care opportunities. Within its pages, you will find guidance on data reporting and relevant billing codes, designed to streamline your workflow. While this guide functions as a quick reference tool, it is important to note that it does not encompass the full spectrum of HEDIS, quality agencies, or survey guidelines. We have thoughtfully curated the content to address measures that healthcare staff have identified as particularly challenging or confusing, alongside those that are considered significant public health issues.

This is an educational project, and the provided information expires on December 31, 2026. If you have any questions or comments, you can reach CQPI by fax at 850-383-3343 or email Amanda Miles, RN at admiles@chp.org.

Dear Healthcare Providers,

As the Chief Medical Officer of Capital Health Plan, I want to express my deepest gratitude for your unwavering commitment to delivering exceptional care to our members. Your dedication to quality healthcare is the cornerstone of our mission to improve the health and well-being of our community.

Quality care is not just a goal; it is a continuous journey that we embark on together. Your efforts in providing comprehensive, patient-centered care, adhering to evidence-based practices, and engaging in continuous professional development are vital to achieving the highest standards of healthcare.

We recognize the challenges you face in your daily practice and are committed to supporting you with the resources, tools, and collaborative opportunities necessary to enhance patient outcomes. Together, we can drive innovation, improve care coordination, and ensure that every patient receives the best possible care.

Thank you for your dedication, compassion, and excellence. Let us continue to work together to elevate the quality of care and make a lasting impact on the lives of those we serve.

Sincerely,

Dr. Lynn Jones,
Chief Medical Officer

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

A Publication of Capital Health Plan

Table of Contents

Quality Agencies & Surveys.... 4-5

HEDIS 101.... 6

CMS Star Ratings....7

CAHPS 101....8-9

HOS 101....10-11

Diabetes....12-14

Controlling High Blood Pressure (CBP)....15

Statin Therapy for Patients with Cardiovascular Disease (SPC-E).... 16

Transitions of Care (TRC)....17-19

Adult Immunization Status (AIS-E).... 20-21

Childhood Immunization Status (CIS) & Immunizations for Adolescents (IMA) 22

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)....23-24

Cervical Cancer Screening (CCS)....25

Colorectal Cancer Screening (COL).... 26

Postpartum Depression Screening....27-28

Chlamydia Screening (CHL)....29

Breast Cancer Screening (BCS-E)....30

Capital Health Plan Helpful Resources....31

Disclaimer: The codes specified in the measures are all-encompassing and are not intended to influence your billing practices. CPT II codes can serve as supplementary information, minimizing the need for chart collection and review during the HEDIS hybrid timeframe.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

A Publication of Capital Health Plan

Quality Agencies & Surveys

Introduction to Key Agencies:

- **Centers for Medicare & Medicaid Services (CMS):** The Centers for Medicare & Medicaid Services (CMS) provides health coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace.
- **Agency for Healthcare Research and Quality (AHRQ):** The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.
- **U.S. Preventive Services Task Force (USPSTF):** independent, volunteer group of national experts in prevention and evidence-based medicine that makes recommendations about clinical preventive services such as screening tests, counseling services, and preventive medications.
- **National Committee for Quality Assurance (NCQA):** NCQA employs measurement, transparency, and accountability as mechanisms to improve healthcare quality. It provides a framework for evaluating health plans and ensuring they meet established standards. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA's HEDIS® is the most widely used performance measurement tool in health care. NCQA's website (https://www.ncqa.org/) contains information to help consumers, employers, and others make informed health care choices.

Quality Measures Systems and Tools:

- **Star Ratings:** This rating system evaluates the quality of Medicare health and prescription drug plans. It serves as a benchmark for patients to assess and compare plan performance.
- **Healthcare Effectiveness Data and Information Set (HEDIS):** is one of health care's most widely used performance improvement tools. The HEDIS measurement set is sponsored, supported and maintained by NCQA. Measures relate to many significant public health issues such as cancer, heart disease, behavioral health and diabetes.

Continued on next page

Quality Agencies & Surveys

Surveys:

- **Health Outcome Survey (HOS):** gathers data from Medicare Advantage (MA) enrollees about their physical and mental health, daily activities, and sleep. MA plans with at least 500 enrollees must participate. Each year, a random sample of beneficiaries is surveyed, with follow-ups two years later to assess health maintenance or improvement.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS):** CAHPS supports research aimed at understanding patient experiences with healthcare services. It develops scientifically valid strategies and tools to assess patient experiences, report survey results, and assist organizations in utilizing these results to enhance care quality.

Accreditation:

Just like hospitals undergo accreditation, Capital Health Plan and other healthcare agencies participate in an accreditation process to verify adherence to regulatory standards. This process encompasses the following areas:

- Quality Management and Improvement
- Population Health
- Network Management
- Utilization Management
- Credentialing and Recredentialing
- Member Experience

Conclusion:

The collaboration of these agencies and tools is essential to improving healthcare quality, enhancing patient experiences, and ensuring accountability in the health system. By understanding these components, providers can better navigate the complexities of healthcare delivery and contribute to improved health outcomes for their patients.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

HEDIS 101

What is HEDIS? HEDIS stands for Healthcare Effectiveness Data and Information Set. HEDIS measures performance in health care where improvements can make a meaningful difference in people's lives. The HEDIS measurement set is sponsored, supported and maintained by NCQA. Measures relate to many significant public health issues such as cancer, heart disease, behavioral health and diabetes.

HEDIS comprises more than 90 standardized measures that look at a variety of care, including:

- Overuse and appropriateness of care.
- Chronic condition management.
- Behavioral health management.
- Screening and prevention.
- Emergency department utilization and hospital readmissions.

The Healthcare Effectiveness Data and Information Set (HEDIS) uses a variety of methods to collect data, including:

- Administrative data: Data collected from claims for medical visits, hospitalizations, procedures, and pharmacy data
- Hybrid data: A combination of administrative data and medical record information
- Patient surveys: Data collected through surveys conducted by the Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Supplemental files: Sent in by providers during the year
- Medical record reviews: Reviews of medical records
- Electronic Clinical Data Systems (ECDS): A digital process that uses existing electronic data sources.

Required Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died any time during the measurement year

Tips:

- Encourage your patients to schedule preventive exams
- Reminding your patients to follow-up with ordered tests and procedures
- Making sure necessary services are being performed in a timely manner
- Submitting claims with appropriate HEDIS codes
- Accurately document all services and results in the patient's medical record

If your patient had any of the following measures completed out of network, fax the report to 850-383-3343 Attn: Andrea. Make sure Member Name, Date of Birth, and Capital Health Plan ID# is on the record.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

CMS Star Ratings:

What are Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) created the Medicare Star Ratings Program to assist consumers in comparing Medicare Advantage (MA) health plans regarding quality and performance. This program includes a series of quality performance ratings, established by the National Committee for Quality Assurance and CMS, applicable to all MA health plans.

How are CMS Star Ratings determined?

Star Ratings includes a variety of clinical, member perception, and operational measures. The Star Rating system includes approximately 40 different metrics. To accurately assess quality, Star Ratings are calculated using an array of data sets, including, but not limited to, the following:

- Health Effectiveness Data and Information Set (HEDIS®) primarily gathers clinical outcomes and data, reflecting the care provided by both the provider and the staff.
- Prescription Drug Event data is collected by health plans to gain insights into measures related to prescription drugs.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey (HOS)
- Operational data from health plans is utilized to evaluate the quality of customer service and other services offered to members.

Medicare Star Ratings: What is your role as a provider?

- Encourage timely and appropriate screenings, tests, and treatments.
- Educate staff members on accurate documentation of the care provided.
- Enhance relationships between patients and providers through transparent communication about healthcare needs and quality of care.
- Collaborate on the creation of chronic condition care plans.
- Follow up with patients about their medications.
- Evaluate the timeliness of care and collaborate with office staff to improve scheduling.
- Refer to the HEDIS measure tip sheets included in this guide.
- Reach out to the CHP CQPI Director with questions.

CAHPS Health Plan Survey (CAHPS)

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is used to assess patient experiences and quality of care. The scores from the CAHPS survey are publicly accessible and can influence patients' decisions to remain with their current provider or health plan or to seek alternative options for their care. The surveys are administered between March and June, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

Measure Description of Medical Assistance With Smoking and Tobacco Use Cessation (MSC):
The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:

- **Advising Smokers and Tobacco Users to Quit:** A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.
- **Discussing Cessation Medications**: A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- **Discussing Cessation Strategies:** A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Continued on next page

CAHPS Health Plan Survey (CAHPS)

This is self-reported by patients and collected annually as part of the Consumer Assessment of Healthcare Providers Systems (CAHPS®). Survey Questions include:

- Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? Patients rate this on a scale from never to always.
- In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?
    - **Examples of medication are:** nicotine gum, patch, nasal spray, inhaler, or prescription medication. Patients rate this on a scale from never to always.
- In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?
    - **Examples of methods and strategies** are telephone helpline, individual or group counseling, or cessation program. Patients rate this on a scale from never to always.

Tips:

- Encourage patients to quit smoking by screening for tobacco use at every visit, documenting their status, and submitting accurate billing codes.
- Explore treatment options for patients who wish to quit. Combining counseling with medication is more effective than using either method alone, so consider both for those attempting to quit.
- Refer patients to Tobacco Free Florida for support: https://toba0ccofreeflorida.com/ready-to-quit- smoking/smoking-cessation-programs/ or call 1-877-U-CAN-NOW (1-877-822-6669).
- Refer patients to https://smokefree.gov/ for resources tailored for veterans, women, teens, individuals aged 60 and over, and resources available in Spanish.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Health Outcomes Survey (HOS)

What is HOS?

HOS (Health Outcomes Survey) is an annual survey administered during the summer to a RANDOM sample of Medicare Advantage patients. The same patients are surveyed again two years later to assess change in physical and mental health status. This survey is the patient's perception of their physical and mental health and overall quality of life. Each Star HOS measure addresses a different aspect of patient care and patient-provider interaction. Survey results impact Centers for Medicare & Medicaid Services (CMS) Star Ratings.

You can directly impact each of these five measures. Twice a year these topics should be discussed and results documented in their medical record.

Fall Risk Management (FRM) All the components of this measure assess different facets of fall risk management.
1. ***Discussing Fall Risk:*** Discussed falls or problems with balance or walking.
2. ***Managing Fall Risk:*** Members who had a fall and received a recommendation for how to prevent falls or treat problems with balance or walking.

Discussion Questions/Tips:
· Have you had a fall in the past year? What were the circumstances of the fall?
· Assess fall risk by asking patients about falling and balance problems.
· Promote home safety. (Remove rugs, install handrails, grab bars)

Management of Urinary Incontinence in Older Adults (MUI) All the components of this measure assess the management of urinary incontinence.
1. **Discussing Urinary Incontinence:** Members who reported having urine leakage and who discussed their urinary leakage with a healthcare provider.
2. **Discussing Treatment of Urinary Incontinence:** Members who reported urine leakage and who discussed treatment options with a healthcare provider.
3. **Impact of Urinary Incontinence:** Members who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

Discussion Questions/Tips:
· Has urinary incontinence affected your daily life?
· Involve patients in treatment options-bladder training, pelvic muscle rehabilitation, medications therapy, and surgical options.
· Refer members to Healthwise on the CHP Website.

Continued on next page

Health Outcomes Survey (HOS)

Physical Activity in Older Adults (PAO): All the components of this measure assess different faucets of promoting physical activity.
1. ***Discussing Physical Activity:*** Members who discussed their level of exercise or physical activity with a healthcare provider.
2. ***Advising Physical Activity:*** Members who received advice to start, increase, or maintain their level of exercise or physical activity.

Discussion Questions/Tips:
· Discuss the benefits of activities that get people up and moving.
· Assess your patient's physical activity level over the past year.

The **two** measures listed below are included in the HOS survey and they account for a percentage of the Medicare Star Ratings.

Improving or Maintaining Physical Health. Assesses the percentage of patients whose physical health was the same or better after two years.

Discussion Questions/Tips:
· How far can you walk? Do you need assistance with a cane or walker?
· Promote self-management such as goal setting, action planning, and follow up to help patients take an active role in improving their health.

Improving or Maintaining Mental Health: Assesses the percentage of patients whose mental health was the same or better after two years

Discussion Questions/Tips:
· Do you get out to spend time with other people?
· Offer ideas where patients can engage in activities (Senior Center, volunteering, community centers, church groups, use meetup.com)

Why It Matters:

- Survey measures play a crucial role in determining Star Ratings. These surveys solicit feedback from members regarding both their health plan and the services provided by their healthcare providers. Effective collaboration with providers is vital for enhancing Star Ratings and ensuring that our members receive optimal care.
- Higher Star Ratings lead to better health outcomes and patient satisfaction.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Comprehensive Diabetes Care

The diabetes HEDIS measures are:

- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Eye Exam for Patient with Diabetes (EED)
- Kidney Health Evaluation for Patients with Diabetes (KED)
- Statin Therapy for Patients with Diabetes (SPD-E)

HEDIS Measure Description of Glycemic Status Assessment for Patients with Diabetes (GSD).
The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status less than 8.0%. (CPT Code 3051F)
- Glycemic Status greater than 9.0% (CPT Code 3046F)

If the A1c is between 8.0% and 9.0% can use CPT Code 3052F

The last hemoglobin A1c or glucose management indicator in 2025(6) is the one that is used.

CPT Code: Current Procedural Terminology

HEDIS Measure Description of Blood Pressure Control for Patients with Diabetes (BPD).
The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

The last BP reading in 2026 is the one that is used. This reading can be from the PCP, specialist, or member. If using the member's digital readings, they must be documented in the medical record. Measurements from the ER or acute hospital stay are not used.

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

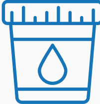
Comprehensive Diabetes Care

HEDIS Measure Description of Eye Exam for Patient with Diabetes (EED). The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
The eye exam must be a retinal or dilated eye exam. Please make sure your patients are aware of this as some individuals decline dilation. A non-dilated retinal camera image is acceptable. If they go to a facility outside of CHP coverage, ask for a copy of the eye exam to add in their medical record.

If the patient informs you, they had a diabetic eye exam, you can document the date of the exam and place of service with either code:

- 2023F, 2025F, 2033F - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
- 2022F, 2024F, 2026F - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)

HEDIS Measure Description of Kidney Health Evaluation for Patients with Diabetes (KED).
The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin- creatinine ratio (uACR) during the measurement year.



LabCorp test codes:
- 140285 Albumin / Creatinine Ratio, Random Urine (uACR)
- 100768 Glomerular Filtration Rate, estimated (eGFR)

End-stage renal disease and dialysis are exclusions for uACR. Verify the following ICD-10 codes are in the medical record.
- Dependence on renal dialysis (Z99.2)
- End stage renal disease (ESRD) (N18.6)

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

HEDIS Measure Description of Statin Therapy for Patients with Diabetes (SPD). The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) 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.

If your patient has a complaint of muscle pain or muscle reactions to the medication and you have discussed options and decide to discontinue the statin, you can add any of the following ICD-10 codes to exclude the patient from the SPD measure.

- Myalgia (M79.10)
- Myositis (M60.9)
- Myopathy (G72.9)
- Rhabdomyolysis (M62.82)

Why It Matters:

Diabetes, if not properly managed, can result in severe health complications. These complications can include heart disease, stroke, high blood pressure, vision loss, kidney issues, nervous system disorders, amputations, and even early mortality. Healthcare providers are crucial in assisting our members by facilitating regular screenings, tests, and office consultations.

Tips:

- When ordering labs inform patients, they will need to leave a urine specimen to check kidney function or highlight the urine test in yellow.
- Review diabetic services needed at each office visit.
- If BP is over 140/90 at the beginning of the visit, retake and record it at the end of the visit and consider switching arms for subsequent readings. Refer to the CBP Quality Guide for additional information.
- Refer patients to an optometrist or ophthalmologist for dilated retinal exam annually and explain why it is different than a screening for glasses or contacts.
- Educate patients that some complications from diabetes may be asymptomatic. Routine testing may help prevent/delay some life-threatening complications.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Controlling High Blood Pressure (CBP)

HEDIS Measure Description of (CBP): 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.

BP readings should be reported with each office visit; this includes telehealth, telephone, e-visits or virtual visits. The Current Procedural Terminology (CPT) II Codes for BP readings are:

Systolic:

- 3074F Systolic less than 130 mm Hg
- 3075F Systolic 130 - 139 mm Hg
- 3077F Systolic greater than or equal to 140 mm Hg

Diastolic:

- 3078F Diastolic less than 80 mm Hg
- 3079F Diastolic 80-89 mm Hg
- 3080F Diastolic greater than or equal to 90 mm Hg

Why It Matters:

High blood pressure, often referred to as the "silent killer," significantly heightens the risk of heart disease and stroke, which are the primary causes of mortality in the United States. Effectively managing hypertension is crucial for preventing heart attacks, strokes, and kidney disease, as well as for lowering the likelihood of other serious health issues. Healthcare professionals and Capital Health Plan play a vital role in assisting individuals with hypertension by recommending medications and promoting lifestyle changes such as low sodium diets, enhanced physical activity, and quitting smoking.

Tips:

- Repeat blood pressure at the end of the visit if initial blood pressure is ≥140/90.
- To ensure the most accurate BP reading, refer to the "7 Simple Tips to Get an Accurate Blood Pressure Measurement" provided by the American Medical Association, or visit the link: 7 Simple Tips To Get an Accurate Blood Pressure Reading
- The last blood pressure in 2026 is the one that is used. If reading is over 140/90 retake the BP after the patient sits quietly for 5 minutes.
- Patient reported blood pressures taken with a digital device are acceptable and should be documented in the medical record.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

HEDIS Measure Description of Statin Therapy for Patients with Cardiovascular Disease (SPC):
The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

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

Patients experiencing adverse effects:

- Instruct patients to contact their doctor if they are experiencing adverse effects.
- Document any adverse effects from statin therapy.
- Determine if the signs/symptoms qualify as an exclusion.
- Try reducing the dose or frequency or consider trying a different statin medication.

If your patient has a complaint of muscle pain or muscle reactions to the medication and you have discussed options and decide to discontinue the statin, you can add any of the following ICD-10 codes and the patient will be excluded from the Statin Therapy for Patients with Cardiovascular Disease (SPC) measure.

- Myalgia (M79.10)
- Myositis (M60.9)
- Myopathy (G72.9)
- Rhabdomyolysis (M62.82)

Why It Matters:
Cardiovascular disease is the leading cause of death in the United States. People with diabetes have a higher risk of heart problems due to increased unhealthy cholesterol levels. These high cholesterol levels raise the chances of developing Atherosclerotic Cardiovascular Disease (ASCVD). Statins are the preferred treatment for those with high cholesterol and coronary heart disease. They help protect blood vessel linings, improve blood flow, stabilize plaque buildup, and lower inflammation and oxidative stress in the blood vessels. Statins also reduce the risk of blood clots by preventing blood platelets from sticking together

Tips:

- Educate patients on the importance of statin medication adherence to prevent cardiovascular events. https://millionhearts.hhs.gov/files/Scoop_on_Statins-508.pdf
- Consider trying a different statin. Hydrophilic statins, such as pravastatin, fluvastatin and rosuvastatin may have lower risk of myalgia side effects.
- Remind them to contact you if they think they are experiencing adverse effects. Document any adverse effects from statin therapy and determine if the signs/symptoms qualify as an exclusion.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

HEDIS Measure Description of Transitions of Care (TRC): The percentage of discharges for Medicare members 18 years of age and older who had each of the following. Four rates are reported.

1. Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission
2. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge
3. Patient Engagement After Inpatient Discharge. Documentation of patient engagement within 30 days of discharge.(examples: office visits, visits to the home, telehealth).
4. Medication Reconciliation Post-Discharge. Documentation of med reconciliation on the date of discharge through 30 days after discharge.

Inpatient Admission Notification Documentation in the outpatient medical record must show that notification was received within **three** calendar days of the admission date, including the day of admission.

Note: Admission Information must include **ALL** the following:

- ☐ Facility Name
- ☐ Date of inpatient admission
- ☐ Date notification was received
- ☐ Source of notification (scanned fax, electronic alert, phone note)

Important Notes:

- If an Emergency Department (ED) visit results in an inpatient admission, just noting that a provider referred the member to the ED isn't enough. There must be evidence that the primary care provider or ongoing care provider communicated with the ED about the admission.
- Documentation indicating that the member or their family informed the PCP or ongoing care provider about the admission is not considered valid.

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

2

Receipt of Discharge Information Documentation in the outpatient medical record must include evidence of receipt of discharge information on the day of discharge through two days after with evidence of the date when the document was received. The date can be when the document was printed/received or signed off by the provider.

Note: Discharge Information must include **ALL** the following:

- ☐ Discharge Date
- ☐ Date discharge summary/instructions were received
- ☐ Facility/Hospital name
- ☐ The practitioner responsible for the members care during the inpatient stay.
- ☐ Procedures or treatment provided.
- ☐ Diagnosis at discharge.
- ☐ Current medication list.
- ☐ Testing results, or documentation of pending tests or no pending tests.
- ☐ Instructions for patient care post-discharge.

3

Patient Engagement After Inpatient Discharge Member must have an outpatient, telephone, or telehealth visit within 30 days after discharge. A visit on the day of discharge does not meet criteria.

Note: 2026 Quality Performance Program has "Patient will be seen in 10 calendar days by the PCP following discharge from any inpatient facility."

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Medication Reconciliation must have documentation that current and discharged medications were reviewed, discontinued, or no medications were prescribed or ordered upon discharge. Clearly document if no medications were prescribed or ordered upon discharge.

Once medication reconciliation has been completed can use code 1111F-Discharge med/current med merge.

A strong medication reconciliation note should include:

- Date of discharge
- Note that hospitalization, admission, or inpatient stay occurred
- Date medication reconciliation performed
- Source of discharge med list
- Identification of changes (new, discontinued, dose adjustments)
- Documentation that recon

Note can be:
- At an office visit
- Via telehealth
- Via documented phone encounter

Does not require a face-to-face visit.

Why It Matters:
Care transition is crucial as it lowers negative outcomes and enhances patient experience with clear instructions and coordinated care. It helps prevent unnecessary readmissions and emergency visits, and effective transition of care can greatly cut healthcare costs. This process focuses on clear communication among various healthcare providers involved in a patient's treatment, making sure everyone understands the treatment plans and follow-up requirements, which leads to better adherence and improved quality of care.

Tips:
- Use terms such as follow-up hospitalization, admission, discharge, and inpatient stay to document awareness of patient's hospitalization.
- If your patient is "Unassigned" encourage them to call CHP Member Services at 850-383-3311 to update their PCP selection.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Adult Immunization Status (AIS-E)

HEDIS Measure Description of Adult Immunization Status (AIS-E): The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B, and coronavirus disease 2019 (COVID-19)..

- **Influenza: (Age: 19-66+).** Patients 19 years of age and older who received an influenza vaccine at the start of the measurement year.
- **Td/Tdap: (Age: 19-66+).** Patients 19 years of age and older who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement year.
- **Zoster: (Age: 50+).** Patients 50 years and older who received two doses of the herpes zoster vaccine at least 28 days apart.
- **Pneumococcal: (Age: 65+).** Patients 65 years and older who received at least one dose of an adult pneumococcal vaccine on or after their 65th birthday.

Coronavirus disease 2019 (COVID-19) Patients who received at least one dose of a COVID-19 vaccine (Adult COVID19 Immunization Value Set; Adult COVID19 Vaccine Procedure Value Set) on or after their 65th birthday. Or Had anaphylaxis due to the COVID-19 vaccine (SNOMED CT code 914587451000119107) any time before or during the measurement period.

Tips:

- Provide vaccine information statements (VIS) for caregivers, patients, or parents to read while in the waiting room.
- Remind patients they can also get vaccines from the pharmacy.
- If they decline at the visit, schedule a nurse visit for the member to get the vaccine.

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Adult Immunization Status (AIS-E)

Hepatitis B: (Age: 19-59)

- Patients who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday.
    - One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- Patients who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
    - Patients who had at least two doses of the recommended two-dose adult Hepatitis B vaccine (CVX code 189; Adult Hepatitis B Vaccine Procedure (2 dose) Value Set) administered at least 28 days apart; or
    - Patients who had at least three doses of any other recommended adult Hepatitis B vaccine (Adult Hepatitis B Immunization (3 dose) Value Set; Adult Hepatitis B Vaccine Procedure (3 dose) Value Set) administered on different days of service.
- Patients who had a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period.

Any of the following meet criteria:

- Patients with a history of hepatitis B illness any time before or during the measurement period.
- Patients who had anaphylaxis due to the hepatitis B vaccine (SNOMED CT code 428321000124101) any time before or during the measurement period.

Note: Do not include laboratory claims (claims with POS code 81).

Childhood Immunization Status (CIS) & Immunizations for Adolescents (IMA)

HEDIS Measure Description of Childhood Immunization Status (CIS): The percentage of children 2 years of age who had the following immunizations by their second birthday

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HiB)
- Three hepatitis B (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV)
- One hepatitis A (HepA)
- Two or Three rotavirus (RV)
- Two influenza (flu) vaccines

HEDIS Measure Description of Immunizations for Adolescents (IMA): The percentage of adolescents 13 years of age who had the following immunizations by their 13th birthday.

- One dose of meningococcal vaccine between their 10th and 13th birthday.
- One Tdap vaccine between their 10th and 13th birthday.
- The complete human papillomavirus vaccine series between their 9th and 13th birthday.

Why It Matters:
Childhood vaccinations protect children against various severe and potentially fatal illnesses, including diphtheria, measles, meningitis, polio, tetanus, and whooping cough, during a period when they are particularly susceptible to infections. Immunizations play a vital role in disease prevention and are a fundamental component of preventive healthcare for children.

Tips:
- Provide vaccine schedules so caregivers and parents know what vaccines to expect at visits.
- Advise caregivers and parents on the importance of completing each vaccine series.
- Provide vaccine information statements (VIS) for caregivers, patients, and/or parents to read while in the waiting room.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

HEDIS Measure Description of (WCC): The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period.

- **Body Mass Index (BMI) Percentile:** Percentile documented as a value (ex: 85th percentile).
- **Counseling for Nutrition:** Documentation of counseling for nutrition or referral for nutrition education.
- **Counseling for Physical Activity:** Documentation of counseling for physical activity or referral for physical activity.

You must also have documentation when using the codes to identify BMI percentile, Counseling for Nutrition, and Counseling for Physical Activity.

Examples:

- BMI Percentile: Z68.51 BMI less than 5th percentile for age, Z68.52 BMI 5th percentile to less than 85th percentile for age, Z68.53 BMI 85th percentile to less than 95th percentile for age, Z68.54 BMI greater than or equal to 95th percentile.
- Counseling for Nutrition: Z71.3 Dietary counseling and surveillance or CPT 97802.
- Counseling for Physical Activity: Z71.82 Exercise counseling, Z02.5 Encounter for examination for participation in sport.

Note: Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

Examples of Documentation Accepted:

- Discussion of current nutrition behaviors (habits, dieting behaviors)
- Member received educational materials on physical activity and/or nutrition
- Checklist indicating nutrition and/or physical activity was addressed.
- Member plays softball, soccer, volleyball, etc.
- Weight and height measured on the same day

Examples of Documentation NOT Accepted:

- Poor appetite
- Well-nourished
- Notation of "health education" without specific mention of nutrition.
- Notation of "cleared for gym class" alone without documentation of a discussion.
- Member has a decreased appetite because of an acute or chronic condition
- Notation of anticipatory guidance related solely to safety (e.g., wears helmet) without specific mention of physical activity recommendations.

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit, however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the Nutrition or Physical Activity. Example: Member with diarrhea following the BRAT diet, Member has exercise induced asthma, Member has chronic knee pain but can run without limping.

Why It Matters:

Childhood obesity poses significant immediate and long-lasting consequences for health and overall well- being. Adopting healthy lifestyle practices, such as nutritious eating and regular physical activity, can significantly reduce the likelihood of obesity and its associated health risks.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Cervical Cancer Screening (CCS)

HEDIS Measure Description of Cervical Cancer Screening (CCS): The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

- 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) cotesting within the last 5 years.

Exclusions:

- Z90.710 Acquired absence of both cervix and uterus.
- Members with Sex Assigned at Birth (LOINC code 76689-9) of male (LOINC code LA2-8) at any time during the patient's history.

Note:

- Documentation of hysterectomy alone does NOT meet the criteria because it does not indicate the cervix has been removed.

Why It Matters: Cervical cancer is a disease in which cells in the cervix grow out of control. It was once a leading cause of cancer deaths among women in the U.S. However, effective screening has cut the death rate by over 50 percent in the past 30 years. Most cases of cervical cancer can be prevented because there are reliable screening tests available. If caught early, cervical cancer can be treated successfully. Learn more from NCQA.

Tips:

- Remind patients they can go to https://capitalhealth.com/directories/provider-directory and search "Gynecology" for a list of in network providers.
- Discuss the importance of well-woman exams, mammograms, Pap tests, and HPV testing with all female members between ages 21 to 64 years.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about recommended screening.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Colorectal Cancer Screening (COL-E)

HEDIS Measure Description of Colorectal Cancer Screening (COL): The percentage of members 45– 75 years old who had an appropriate screening for colorectal cancer.

Service needed for compliance (any one of the following):

- Guaiac-based fecal occult blood test (gFOBT) every year
- Fecal immunochemical test (FIT) every two years
- Multitargeted stool DNA with FIT test (sDNA FIT) every 3 years
- Colonoscopy every 10 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years with a FIT test every year.

Why It Matters:
When detected and treated in the earliest stage, colorectal cancer has a five-year relative survival rate of 90 percent. Screening asymptomatic adults ages 45 to 75 can catch polyps before they're cancerous and colorectal cancer in the early stages, when treatment is most effective.

Tips:

- Educate members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about the different screening options for colorectal cancer screening.
- Remind patients they can go to https://capitalhealth.com/directories/provider-directory and search "Gastroenterology" for a list of in network providers.
- For patients refusing colonoscopy, recommend a FIT-DNA or FOBT kit.
- Clearly document and code administered screenings, total colectomy or colorectal cancer in the patient's medical record, including date of service.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about recommended screening.

Note: The services listed above may vary in coverage depending on benefit plan.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Postpartum Depression Screening and Follow-Up (PDS-E)

Postpartum Depression Screening and Follow-Up (PDS-E) evaluates the percentage of deliveries where members were assessed for clinical depression in the postpartum period. Additionally, it measures whether those who screened positive received appropriate follow-up care.

Two Measures Are Reported:

1. **Depression Screening:** This shows the percentage of deliveries where individuals were checked for depression using a standardized tool during the postpartum period.

    - The assessment must use an age-appropriate standardized instrument and be conducted within 7 to 84 days after delivery.
    - Acceptable tools for Adolescent 12 – 17 population include: PHQ-9, PHQ-9M, PHQ-2, BDI-FS, CESD-R, EPDS, and PROMIS Depression.
    - Acceptable tools for Adult 18+ population include: PHQ-9, PHQ-2, BDI-FS, BDI-II, CESD-R, DUKE-AD, EPDS, M-3, CUDOS, and PROMIS Depression.

2. **Follow-Up on Positive Screen:** This percentage represents how many deliveries involved follow-up care within 30 days after a positive depression screening.

    Any of the following on or up to 30 days after the first positive screen:

    - An outpatient, telephone, e-visit or virtual check-in follow-up visit
    - A depression case management encounter
    - A behavioral health encounter,
    - A diagnosis of encounter for exercise counseling (ICD-10-CM code Z71.82*).
    - A dispensed antidepressant medication (Antidepressant Medications List).
    - Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument

Continued on next page

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Postpartum Depression Screening and Follow-Up (PDS-E) Continued

Why It Matters:
Screening for depression and ensuring timely follow-up on positive results are critical aspects of postpartum care. This strategy facilitates early detection of issues, improves outcomes, and maintains healthcare standards.

This measure mandates the use of a screening tool that is suitable for the member's age. The member's age plays a crucial role in choosing the correct depression screening instrument. Failure to utilize the appropriate age-specific screening will result in non-compliance for the member.

Tips:

- Conduct screenings for postpartum depression during all postpartum appointments.
- Educate mothers about the prevalence and treatability of postpartum depression to help reduce stigma.
- Reach out to patients who cancel appointments, assisting them with rescheduling as soon as possible.
- Utilize flags in the EHR, if available, or create a tracking method for patients who may require screenings and follow-up visits.
- Refer mothers with positive screenings for further evaluation, treatment, and timely referrals while providing a variety of treatment options.
- For more information on best practices, visit the American College of Obstetrics and Gynecologists (ACOG) website at www.acog.org.

Chlamydia Screening (CHL)

The percentage of members 16-24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.

Why it matters: Early detection and treatment of chlamydia are vital in preventing serious health complications, such as pelvic inflammatory disease and infertility. Many individuals at risk often exhibit no symptoms.

Tips:

- A urine specimen is the least invasive method for screening chlamydia and can be collected during any office visit.
- Conduct annual chlamydia screenings for all women aged 16 to 24, regardless of their reported sexual activity, using any visit as an opportunity.
- Ensure that the medical record documents the date the test was conducted, the results or findings, and any necessary follow-ups.

Common Chlamydia Screening Codes:

CPT:87110, 87270, 87320, 87490, 87491, 97492, 87810
LOINC: 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6

Exclusions

- Members in hospice care during the measurement year.
- Members who died within the measurement year.
- Members assigned male at birth.
- Members who had a pregnancy test during the measurement year and received a prescription for isotretinoin or an x-ray on the same day as the pregnancy test or up to six days afterward.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Breast Cancer Screening (BCS-E)

The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Why It Matters:

Mammograms are key to early detetcion of breast cancer, greatly improving treatment outcomes. Because many women remian symptom free, rountine screening is essential.

Tips:

- Create a standing order to mail to patients for mammography.
- Document bilateral or unilateral mastectomies.
- Educate female patients about the importance of breast cancer screening at least every other year.
- Utilize EMR reporting and patient flags for those in need of screening.
- Provide a list of mammography testing facilities, mobile mammography units, and assist in making appointments.
- Review completed screening dates and document all patient reported mammograms, using exact dates such as month and year.
- Discuss possible fears the patient may have about mammograms and inform women that currently available testing methods are less uncomfortable and require less radiation.

Note: This measure evaluates preventive screening only. Biopsies, breast ultrasounds, thermograms, and MRIs do not meet criteria for this measure

Common Mammography Codes:

CPT: 77061-77063, 77065-77067

ICD 10: Z12.3, Z12.31, Z12.39

Common Exclusion Codes:

Mastectomy: CPT 19305 - 19307

Mastectomy, simple, complete: CPT 19303

Acquired absence of bilateral breasts and nipple: ICD 10 Z90.13

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

Capital Health Plan Helpful Resources

CAPITAL HEALTH PLAN DIRECTORIES:

- Find a Doctor or Provider: https://capitalhealth.com/directories/provider-directory
- Find a Facility: https://capitalhealth.com/facility-search
- Pharmacy: https://capitalhealth.com/directories/pharmacy-directory
- Member Health Risk Assessment (HRA): https://capitalhealth.com/members/

CHP CONNECT: Our secure online portal offers the following access to Members and Providers

Members:

· Review/Download benefit documents
· Choose a PCP
· Review lab results
· Request ID cards
· Review referrals and authorizations

Providers:

· View member eligibility
· Review referrals and authorizations
· Review claim status

Access is available through any electronic device, such as a laptop, tablet, or smartphone, or by downloading the application. However, it is important to note that the app provides a more restricted selection of information and features compared to the primary website. Once the CHP Member is registered, they will receive an access code via mail or by calling Member Services at 850-383-3311.

https://chp.healthtrioconnect.com/app/index.page

*Accessing CHP Connect via your smartphone will result in restricted access.For full functionality, a laptop or desktop computer is suggested.

TOOLS FOR DOCTORS AND PROVIDERS:

https://capitalhealth.com/providers

Network Support Services: https://capitalhealth.com/network-support-services/

We hope you found this guide helpful and informative. We would love to hear your feedback and thoughts on it. Please use the SurveyMonkey link below to share your insights with us. Your input is invaluable in helping us improve our resources for you.

SurveyMonkey Link: https://www.surveymonkey.com/r/2026QualityGuide

This is an educational project, and the provided information expires on December 31, 2026. If you have any questions or comments, you can reach CQPI by fax at 850-383-3343 or email Amanda Miles, RN at admiles@chp.org.

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA). The information provided is based on HEDIS® 2026 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA). Expires December 31, 2026.

COPYRIGHT NOTICE AND DISCLAIMER

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.
CPT® codes, descriptions and other data are copyright 2025 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
Health Care Provider Taxonomy Code Set codes copyright 2025 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

Some measure specifications contain coding from LOINC® (https://loinc.org/). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995–2025 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and are available at no cost under the license at https://loinc.org/kb/license/.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).