



2025

Quality Playbook

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What is Quality?

Quality is defined by the National Academy of Medicine as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

The process of quality improvement is standardization. Each action/task should be consistent, organized, efficient, and align across the continuum of care with everyone working toward the optimal goal of providing the best quality of care for Peak Members.

What is HEDIS®?

HEDIS stands for Healthcare Effectiveness Data and Information Set. HEDIS is a health quality measurement tool utilized by National Committee for Quality Assurance (NCQA). This set of standardized quality measures helps employer groups, contractors, and public compare the performance of a single organization to those of all healthcare organizations nationally.

HEDIS includes more than 90 measures across six domains of care:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. Measures Reported Using Electronic Clinical Data Systems (ECDS)

HEDIS measures focus on prevention and screening, chronic care conditions across all body systems, access to care, satisfaction of care, utilization process of procedures, and the satisfaction of their health plan. Each year HEDIS comes out with technical specifications and Value Set Directory (VSD) that are published in the Fall for the upcoming year.

Medicare Stars Program

The Center for Medicare and Medicaid Services (CMS) developed the Star Ratings system to measure the quality a member enrolled in Medicare Advantage (Medicare Part C) and Medicare Part D receives from a CMS contracted health plan. This provides Medicare consumers with information to make the best healthcare decisions.

CMS uses a 5 Star Quality Rating System to measure the members' experience with their health plan and providers. Health plans that receive a 4 Star or higher will be able to offer improved benefits to their members to help them improve and achieve their quality goals. A health plan's Star Rating is comprised of the following:

1. HEDIS® Measures
2. Health Outcomes Survey (HOS)
3. Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
4. Pharmacy Performance Part C and Part D
5. Health Plan Operational Metrics

Health Outcomes Survey (HOS)

HOS is a patient-reported outcomes survey that measures how well a health plan manages the physical and mental health of its members. Each year a random sample of Medicare members is drawn and surveyed between August and November. Two years later, the baseline respondents are surveyed again.

HOS measures include:

1. Improving or maintaining physical health
2. Improving or maintaining mental health
3. Monitoring physical activity
4. Reducing the risk of falls
5. Improving bladder control

Consumer Assessment of Healthcare Providers & Systems (CAHPS®)

CAHPS is a survey that measures the member's experience with health plans and their services, including claims processing, member services, getting care quickly, and the provider network. This is an annual survey that is sent out from March through May. The information that is gathered will help health plans and providers make changes that enhance the patient's perception and drive better outcomes.

The Health Plan CAHPS Survey measures include the patient experience items:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Health plan customer service
- Enrollees' rating of their health plan
- Enrollees' rating of their health care
- Enrollees' rating of their personal doctor
- Enrollees' rating of their specialist

New in Measurement Year 2025

The Health Equity Index (HEI) will start to replace the Reward Factor in January 2024. HEI takes effect in 2027 using Measurement Year (MY) 2024 and Measurement Year (MY) 2025 performance on a subset of measures. The goal is to identify barriers to care and assist and support the members with resources to increase the quality of care.

Examples of barriers are lack of food, housing, transportation, and provider access as well as language and cultural barriers.

NCQA will continue their expansion to digital measure only reporting. Eye Exam for Diabetic Patients will move to using Electronic Clinical Data Systems (ECDS) in 2025. The three (3) new 2025 display measures will all be digit reporting only (ECDS). All new measures moving forward will be ECDS. The measures will be indicated with an E in their display name. For example, Breast Cancer Screening is BCS-E.

Your Role in the Quality Journey

1. Become familiar with the Medicare Star Rating System and the HEDIS Program.
2. Encourage your patients to complete surveys sent to them by CMS and their insurance plans.
3. Understand your impact on the CAHPS survey and how you can help.
4. Proactively schedule Annual Wellness and Preventive Exams to discuss the patient's physical and mental health needs and encourage preventive screenings based on the patient's demographics and chronic conditions, including:
 - a. Screen for risk of falls, urinary incontinence, and depression.
5. Routinely screen for social determinants of health (SDoH) and refer to Peak Health's Case Management Program when appropriate.
6. Encourage patients to participate in fitness and exercise programs, and refer those patients with limited mobility to PT.
7. Discuss medication management and adherence. Refer to Peak Health's Case Management Program when appropriate.
8. Encourage members enrolled in the Medication Therapy Management Program to complete a Comprehensive Medication Review.
9. Implement pre-visit planning processes to proactively identify quality care gaps.
10. Document all chronic conditions in the patient's medical record and capture the appropriate ICD-10-CM Diagnosis Code to claim every year, as appropriate.
11. Develop electronic health record standing order sets capturing applicable coding requirements for reporting codes i.e., CPT II and HCPCS codes.
12. Confirm reporting codes are being captured on claim and pass the clearinghouse edits as appropriate.
13. Educate all staff members on quality measures. Quality is a team approach!
14. Review changes to preventive schedules and quality measures each year.
15. Identify contributing factors to patient noncompliance, including:
 - a. Cost of treatment
 - b. Lack of trust
 - c. Complexity of treatment plan
 - d. Denial that the problem exists.
 - e. Worried about outcomes
16. Develop an engagement plan for non-compliant patients.
 - a. Utilize Peak Health Care Management Programs
 - b. Implement follow-up plan to ensure test and treatment plans were completed.

HEDIS® Compliance Tip Sheets

Controlling High Blood Pressure (CBP)

Measure Type	Dynamic Star Measure
Measure Description	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.
Eligible Population	<ul style="list-style-type: none"> Members 18–85 years of age who had at least two outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. The BP reading must occur <i>on or after</i> the date of the second diagnosis of hypertension. BP readings taken by the member using a digital device and documented in the member’s medical record are eligible for use in reporting. There is no requirement that there be evidence the BP was collected by a PCP or specialist. <p>Do not include BP readings from:</p> <ul style="list-style-type: none"> Inpatient stay ED Diagnostic test or therapeutic procedure that requires change in diet or medication one day before.
Compliant Member	<ul style="list-style-type: none"> The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. If no BP is recorded during the measurement year, assume that the member is “not controlled.”
How to Submit to Peak Health	<p>Submit CPT II codes via claim to identify numerator compliance.</p> <p>Most recent Systolic:</p> <ul style="list-style-type: none"> 3074F – Less than 130 Hg (<130 mm Hg) 3075F – 130 -139 mm Hg <p>Most recent Diastolic:</p> <ul style="list-style-type: none"> 3078F – Less than 80 mm Hg (<80 mm Hg) 3079F – 80 – 89 mm Hg

Controlling High Blood Pressure (CBP)

Exclusion	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to December 31 of the measurement year. • Dialysis, nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year • Pregnancy any time during the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution • 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.
Best Practice	<ul style="list-style-type: none"> • Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	<ul style="list-style-type: none"> • Peak Health Care Management Program Manual • Stars Coding Reference List • High Blood Pressure cdc.gov

Glycemic Status Assessment for Patients with Diabetes (GSD)

Measure Type	Dynamic Star Measure						
Measure Description	<p>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:</p> <ul style="list-style-type: none"> " Glycemic Status <8.0%. " Glycemic Status >9.0%. 						
Eligible Population	<p>Diabetic members aged 18-75 years old who were identified as diabetic using the following:</p> <p>Claims</p> <ul style="list-style-type: none"> • Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. <p>OR</p> <p>Pharmacy Data</p> <ul style="list-style-type: none"> • Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. 						
Compliant Member	<p>Member is compliant if the most recent glycemic status (HbA1c or GMI) level is:</p> <ul style="list-style-type: none"> • Glycemic Status <8.0%. • Glycemic Status >9.0%. <p>When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.</p>						
How to Submit to Peak Health	<p>Submit CPT II codes via claim to identify compliance.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HbA1c <7%</td><td style="text-align: right;">3044F</td></tr> <tr> <td>HbA1c ≤7.0 to < 8%</td><td style="text-align: right;">3051F</td></tr> <tr> <td>HbA1c ≥8 to ≤9%</td><td style="text-align: right;">3052F</td></tr> </table>	HbA1c <7%	3044F	HbA1c ≤7.0 to < 8%	3051F	HbA1c ≥8 to ≤9%	3052F
HbA1c <7%	3044F						
HbA1c ≤7.0 to < 8%	3051F						
HbA1c ≥8 to ≤9%	3052F						
Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution 						

Glycemic Status Assessment for Patients with Diabetes (GSD)

Best Practice	<ul style="list-style-type: none">• Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes).• Implement process to refer non-compliant patients to Diabetes Education• Provide ongoing outreach and follow up for non-compliant members.
Resources	<ul style="list-style-type: none">• Stars Coding Reference List

Eye Exam for Patients with Diabetes (EED)

Measure Type	Static Star Measure
Measure Description	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Eligible Population	<p>Diabetic members aged 18-75 years old who were identified as diabetic using the following:</p> <p>Claims</p> <ul style="list-style-type: none"> Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. <p>OR</p> <p>Pharmacy Data</p> <ul style="list-style-type: none"> Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
Compliant Member	<p>Screening or monitoring for diabetic retinal disease. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.

Eye Exam for Patients with Diabetes (EED)

How to Submit to Peak Health	<ul style="list-style-type: none"> • Optometrist or Ophthalmologist submit Diabetic Eye Exam via claim. • Submit the appropriate CPT II codes when documentation of eye exam is the medical record: 2022F, 2023F, 2024F, 2025F, 2026F, & 2033F. (refer to Stars Coding Reference List) • Diabetic retinal screening negative in prior year (CPTII code 3072F) billed by any provider type during the measurement year
Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Bilateral eye enucleation any time during the member's history through December 31 of the measurement year • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution
Best Practice	<ul style="list-style-type: none"> • Implement standing referrals to eye care providers. • Assist patients with making appointment with eye providers. • Educate all diabetic patients on importance of eye care. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer non-compliant patients to Diabetes Education • Provide ongoing outreach and follow up for non-compliant members.
Resources	<ul style="list-style-type: none"> • Eye Health and Diabetes ADA • Stars Coding Reference Sheet

Blood Pressure Control for Patients With Diabetes (BPD)

Measure Type	Dynamic Star Measure
Measure Description	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.
Eligible Population	<p>Diabetic members aged 18-75 years old who were identified as diabetic using the following:</p> <p>Claims</p> <ul style="list-style-type: none"> Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. <p>OR</p> <p>Pharmacy Data</p> <ul style="list-style-type: none"> Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. <p>Do not include BP readings from:</p> <ul style="list-style-type: none"> Inpatient stay ED Diagnostic test or therapeutic procedure that requires change in diet or medication one day before. Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.
Compliant Member	<ul style="list-style-type: none"> The most recent BP reading during the measurement year on. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. <p><i>Note: If no BP is recorded during the measurement year, assume that the member is “not controlled.”</i></p>
How to Submit to Peak Health	<p>Submit CPT II codes via claim to identify numerator compliance.</p> <p>Most recent Systolic:</p> <ul style="list-style-type: none"> 3074F – Less than 130 Hg (<130 mm Hg) 3075F – 130 -139 mm Hg <p>Most recent Diastolic:</p> <ul style="list-style-type: none"> 3078F – Less than 80 mm Hg (<80 mm Hg) 3079F – 80 – 89 mm Hg

Blood Pressure Control for Patients With Diabetes (BPD)

Exclusion	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to December 31 of the measurement year. • Nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year • pregnancy any time during the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution • 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.
Best Practice	<ul style="list-style-type: none"> • Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	<ul style="list-style-type: none"> • Peak Health Care Management Program Manual • Stars Coding Reference List • High Blood Pressure cdc.gov

Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Type	Static Star Measure
Measure Description	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.
Eligible Population	<p>Diabetic members aged 18-85 years old who were identified as diabetic using the following:</p> <p>Claims</p> <ul style="list-style-type: none"> Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. <p>OR</p> <p>Pharmacy Data</p> <ul style="list-style-type: none"> Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
Compliant Member	<p>Members who received both an eGFR and a uACR during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> At least one eGFR At least one uACR identified by either of the following: <ul style="list-style-type: none"> Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart uACR
How to Submit to Peak Health	<ul style="list-style-type: none"> Lab claim for eGFR <p>AND</p> <ul style="list-style-type: none"> Lab claim for uACR or submit claim for quantitative urine albumin test (82043) and urine creatinine test (82570)

Kidney Health Evaluation for Patients with Diabetes (KED)

Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis any time during the member's history on or prior to December 31 of the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution • 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.
Best Practice	<ul style="list-style-type: none"> • Develop electronic health record (EHR) standing orders sets • Provide in-office lab draws and urine collection. • Educate all diabetic patients on importance kidney health. • Provide ongoing outreach and follow up for non-compliant members.

Osteoporosis Management in Women Who Had a Fracture

Measure Type	Static Star Measure
Measure Description	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.
Eligible Population	<ul style="list-style-type: none"> Women 67-85 years of age by the measurement year who had a fracture identified by ED, Non-acute or acute inpatient stay, Outpatient, or observation during the intake period. <ul style="list-style-type: none"> Intake period: July 1 of the year prior to the measurement year to June 30 of the measurement year.
Compliant Member	<p>Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:</p> <ul style="list-style-type: none"> A BMD test, in any setting, on the IESD or in the 180-day period after the IESD. If the IESD was an inpatient stay, a BMD test during the inpatient stay. Osteoporosis therapy on the IESD or in the 180-day period after the IESD. If the IESD was an inpatient stay, long-acting osteoporosis therapy during inpatient stay. A dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD. Members who had a BMD test during the 730 days prior to the episode date. <p>IESD- Index episode start date is the earliest episode date during the intake period that meets all eligible population criteria.</p>
How to Submit to Peak Health	<ul style="list-style-type: none"> Submit appropriate procedure codes for bone mineral density test via claim. Review chart for screenings done in look back period.

Osteoporosis Management in Women Who Had a Fracture

Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members 67-80 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • 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 intake period through the end of the measurement year. • Medicare members 67 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution
Best Practice	<ul style="list-style-type: none"> • Review admission/discharge list for patients with recent fractures. • Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. • Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings. • Provide ongoing outreach and follow up for non-compliant members. • Review chart for BMD testing done in the prior 24 months of fracture date.

Transitions of Care - This is a multi-numerator measure with 4 components

Component 1: Notification of Inpatient Admission

Measure Type	Static Star Measure
Measure Description	<p>The percentage of discharges for members 18 years of age and older who had:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
Eligible Population	<ul style="list-style-type: none"> • Members 18 years and older that had an acute or nonacute inpatient discharge between January 1 and December 1 of the measure year.
Compliant Member	<p>Notification of Inpatient Admission</p> <p>Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received.</p> <p>Any of the following examples meet criteria:</p> <ul style="list-style-type: none"> • Communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission to the member's PCP or ongoing care provider through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system. • Communication about admission with the member's PCP or ongoing care provider through a shared electronic medical record (EMR) system. When using a shared EMR system, documentation of a "received date" is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of admission through 2 days after the admission (3 total days) meets criteria. • Communication about admission to the member's PCP or ongoing care provider from the member's health plan. • Indication that the member's PCP or ongoing care provider admitted the member to the hospital. • Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. • Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. • Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. <ul style="list-style-type: none"> ○ The time frame that the planned inpatient admission must be communicated is not limited to the day of admission through 2 days after the admission (3 total days); documentation that the PCP or ongoing care provider performed a preadmission exam or received notification of a planned admission prior to the admit date also meets criteria. ○ The planned admission documentation or preadmission exam must clearly pertain to the denominator event.

Component 1: Notification of Inpatient Admission

How to Submit to Peak Health	<ul style="list-style-type: none">• Hybrid only. No Administrative data is available.
Exclusion	<ul style="list-style-type: none">• Hospice• Members who die any time during the measurement year• Discharges after December 1 of measurement year
Best Practice	<ul style="list-style-type: none">• ADT Feeds• WHIN - Health Information Exchange

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 2: Receipt of Discharge Information

Measure Type	Static Star Measure
Measure Description	<p>The percentage of discharges for members 18 years of age and older who had:</p> <ul style="list-style-type: none"> • Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
Eligible Population	<ul style="list-style-type: none"> • Members 18 years and older that had an acute or nonacute inpatient discharge between January 1 and December 1 of the measure year.
Compliant Member	<p>Receipt of Discharge Information</p> <p>Documentation in the outpatient medical record must include evidence of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days) with evidence of the date when the documentation was received. Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be in structured fields in an EHR. At a minimum, the discharge information must include all the following:</p> <ul style="list-style-type: none"> • The practitioner responsible for the member's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no tests pending. • Instructions for patient care post-discharge. <p>Note:</p> <ul style="list-style-type: none"> • If the PCP or ongoing care provider is the discharging provider, the discharge information must be documented in the medical record on the day of discharge through 2 days after the discharge (3 total days). • When using a shared EMR system, documentation of a "received date" in the EMR is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.
How to Submit to Peak Health	<ul style="list-style-type: none"> • Hybrid only. No Administrative data is available.
Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Discharges after December 1 of measurement year
Best Practice	<ul style="list-style-type: none"> • ADT Feeds • WWHIN - Health Information Exchange

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 3: Patient Engagement After Inpatient Discharge

Measure Type	Static Star Measure
Measure Description	<ul style="list-style-type: none"> The percentage of discharges for members 18 years of age and older who had Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
Eligible Population	<ul style="list-style-type: none"> Members 18 years and older that had an acute or nonacute inpatient discharge between January 1 and December 1 of the measure year.
Compliant Member	<p>Patient Engagement After Inpatient Discharge. Documentation in the outpatient medical record must include evidence of patient engagement within 30 days after discharge. Any of the following meet criteria:</p> <ul style="list-style-type: none"> An outpatient visit, including office visits and home visits. A telephone visit. A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication. An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the member and provider). <p>Note: If the member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria.</p>
How to Submit to Peak Health	<ul style="list-style-type: none"> Transitional Care Management Codes 99495 or 99496 Or Appropriate outpatient or telehealth CPT code
Exclusion	<ul style="list-style-type: none"> Hospice Members who die any time during the measurement year Discharges after December 1 of measurement year
Best Practice	<ul style="list-style-type: none"> Monitor ADT feeds & WHIN daily to assure timely follow-up Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions Schedule post discharge appointments within 3-7 days
Resources	<ul style="list-style-type: none"> Stars Coding Reference Sheet

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 4: Medication Reconciliation Post-Discharge

Measure Type	Static Star Measure
Measure Description	<ul style="list-style-type: none"> The percentage of discharges for members 18 years of age and older who had: Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).
Eligible Population	<ul style="list-style-type: none"> Members 18 years and older that had an acute or nonacute inpatient discharge between January 1 and December 1 of the measure year.
Compliant Member	<p>Medication Reconciliation Post-Discharge.</p> <ul style="list-style-type: none"> Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge (31 total days). Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 days total), use the admit date from the first admission and the discharge date from the last discharge. <p>Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meet criteria:</p> <ul style="list-style-type: none"> Documentation of the current medications with a notation that the provider reconciled the current and discharge medications. Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service. Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge. Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days). Notation that no medications were prescribed or ordered upon discharge.
How to Submit to Peak Health	<ul style="list-style-type: none"> Transitional Care Management Codes 99495 or 99496 Or Submit Medication Reconciliation CPT II code 1111F on billing claim

Component 4: Medication Reconciliation Post-Discharge

Exclusion	<ul style="list-style-type: none">• Hospice• Members who die any time during the measurement year• Discharges after December 1 of measurement year
Best Practice	<ul style="list-style-type: none">• Monitor ADT feeds & WHIN daily to assure timely follow-up• Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions• Acquire discharge summary and secure in outpatient record to support submission of 1111F for medication reconciliation.• Schedule post discharge appointments within 3-7 days
Resources	<ul style="list-style-type: none">• Stars Coding Reference Sheet

Plan All-Cause Readmission

Measure Type	Dynamic Star Measure
Measure Description	Members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.
Eligible Population	Members 18 years and older with an acute inpatient or observation stay discharge on or between January 1 and December 1 of the measurement year.
Compliant Member	A member not readmitted as an acute inpatient or observation stay within 30 days of the following discharge. <ul style="list-style-type: none"> Anchor date is index discharge date
How to Submit to Peak Health	<ul style="list-style-type: none"> Captured via inpatient claims
Exclusion	<ul style="list-style-type: none"> Hospice Members who die any time during the measurement year Principal diagnosis of pregnancy or a condition originating in the perinatal period Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
Best Practice	<ul style="list-style-type: none"> Monitor ADT feeds & WHIN daily to assure timely follow-up Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions Transitions of care help to decrease readmissions and medication errors. It also helps with affordability and to improve communications between members and their providers leading to better patient health outcomes. Schedule post discharge appointments within 3-7 days

Breast Cancer Screening (BCS-E)

Measure Type	Static Star Measure
Measure Description	The percentage of members 50–74 years of age who had a mammogram to screen for breast cancer.
Eligible Population	<ul style="list-style-type: none"> Members 52–74 years of age by the end of the measurement period.
Compliant Member	<ul style="list-style-type: none"> One or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period. 2025 Look-back period is October 1, 2023 – December 31, 2025
How to Submit to Peak Health	<ul style="list-style-type: none"> Submit mammogram codes via claim. Review chart for screenings done in look back period.
Exclusion	<ul style="list-style-type: none"> Hospice Members receiving palliative care any time during measurement year Members who die any time during the measurement year 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. Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period. Palliative care any time during the measurement year Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> Frailty. At least two indications of frailty with different dates of service during the measurement year Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> Advanced illness on at least two different dates of service. Dispensed dementia medication Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an Institutional SNP (I-SNP) Living long-term in an institution
Best Practice	<ul style="list-style-type: none"> Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings. Conduct chart reviews to find evidence of mammograms in look-back period or exclusions. Provide ongoing outreach and follow up for non-compliant members.
Resources	<ul style="list-style-type: none"> Recommendation: Breast Cancer: Screening United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

Colorectal Cancer Screening (Col-E)

Measure Type	Static Star Measure
Measure Description	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
Eligible Population	<ul style="list-style-type: none"> Members 46–75 years as of the end of the measurement period.
Compliant Member	<p>Members with one or more screenings for colorectal cancer. Any of the following meet criteria:</p> <ul style="list-style-type: none"> Fecal occult blood test during the measurement period. Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period. CT colonography during the measurement period or the 4 years prior to the measurement period. Colonoscopy during the measurement period or the 9 years prior to the measurement period.
How to Submit to Peak Health	<ul style="list-style-type: none"> Submit appropriate procedure codes via claim. Review chart for screenings done in look back period.
Exclusion	<ul style="list-style-type: none"> Hospice Members who die any time during the measurement year Members receiving palliative care any time during the measurement period Members who had colorectal cancer any time during the member's history through December 31 of the measurement year. Members who had a total colectomy any time during the member's history through December 31 of the measurement period. Palliative care any time during the measurement year Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> Frailty. At least two indications of frailty with different dates of service during the measurement year Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> Advanced illness on at least two different dates of service. Dispensed dementia medication Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an Institutional SNP (I-SNP) Living long-term in an institution

Colorectal Cancer Screening (Col-E)

Best Practice	<ul style="list-style-type: none">• Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit.• Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings.• Conduct chart reviews to find evidence of colorectal screening in look-back period or exclusions.• Provide ongoing outreach and follow up for non-compliant members.
Resources	<ul style="list-style-type: none">• Recommendation: Colorectal Cancer: Screening United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

Adult immunization Status (AIS-E)

Measure Type	Static Star Measure
Measure Description	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.
Eligible Population	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: <ul style="list-style-type: none"> • 1 Influenza vaccine • 1 Td/Tdap vaccine • 2 (recombinant) Herpes Zoster (Shingles) • 1 Adult Pneumococcal vaccine • Hepatitis B
Compliant Member	<p>Influenza Vaccine</p> <ul style="list-style-type: none"> • Number of Doses: 1 • Members age 19 and older • Vaccine administered on or between July 1 of the year prior to measurement year and June 30 of the measurement year <p>Td/Tdap</p> <ul style="list-style-type: none"> • Number of Doses: 1 • Members age 19 and older • Vaccine administered between 9 years prior to the start of the measurement year and the end of the measurement year <p>Herpes Zoster (Shingles)</p> <ul style="list-style-type: none"> • Number of Doses: 2 doses of herpes zoster recombinant vaccine • Members age 50 and older • Vaccine administered on or after their 50th birthday • The recombinant vaccine must be at least 28 days apart <p>Adult Pneumococcal Vaccine</p> <ul style="list-style-type: none"> • Number of Doses: 1 • Members age 65 and older • Vaccine administered on or after member's 19th birthday and before or during the measurement period <p>Hepatitis B</p> <ul style="list-style-type: none"> • Number of Doses: 3 • Members age 19 and older • Completed vaccine series • Hepatitis B surface antigen with a positive result • History of Hepatitis B
How to Submit to Peak Health	<ul style="list-style-type: none"> • Appropriate vaccine CPT code • Medical record indicating anaphylaxis
Exclusion	<ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Members who had anaphylaxis to the vaccines will count toward compliance

Adult immunization Status (AIS-E)

Best Practice

- Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit.
- Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings.
- Implement standing orders
- Hand out Vaccine Information Sheets prior to the patient seeing their provider.

Resources

- [Adult Immunization Schedule by Age \(Addendum updated June 27, 2024\) | Vaccines & Immunizations | CDC](#)

Blood Pressure Control for Patients with Hypertension (BPC-E)

Measure Type	Dynamic Star Measure
Measure Description	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.
Eligible Population	<ul style="list-style-type: none"> Members 18-85 years of age who had at least two outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year <p>Or</p> <ul style="list-style-type: none"> At least one outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension and at least one dispensed antihypertensive medicine on or between January 1 of the year prior to the measurement year and June 30 of the measurement year The BP reading must occur <i>on or after</i> the date of the second diagnosis of hypertension. BP readings taken by the member using a digital device and documented in the member's medical record are eligible for use in reporting. There is no requirement that there be evidence the BP was collected by a PCP or specialist. <p>Do not include BP readings from:</p> <ul style="list-style-type: none"> Inpatient stay ED Diagnostic test or therapeutic procedure that requires change in diet or medication one day before.
Compliant Member	<ul style="list-style-type: none"> Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is "not controlled."
How to Submit to Peak Health	<p>Submit CPT II codes via claim to identify numerator compliance.</p> <p>Most recent Systolic:</p> <ul style="list-style-type: none"> 3074F – Less than 130 Hg (<130 mm Hg) 3075F – 130 -139 mm Hg <p>Most recent Diastolic:</p> <ul style="list-style-type: none"> 3078F – Less than 80 mm Hg (<80 mm Hg) 3079F – 80 – 89 mm Hg

Blood Pressure Control for Patients with Hypertension (BPC-E)

Exclusion	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Members with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to December 31 of the measurement year. • Dialysis, nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year • Pregnancy any time during the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution • 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.
Best Practice	<ul style="list-style-type: none"> • Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	<ul style="list-style-type: none"> • Peak Health Care Management Program Manual • Stars Coding Reference List • High Blood Pressure cdc.gov

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Type	Static Star Measure
Measure Description	The percentage of males 21–75 years of age and females 40–75 years of age with clinical atherosclerotic cardiovascular disease who had at least one high-intensity or moderate-intensity statin medication during the measurement year.
Eligible Population	<ul style="list-style-type: none"> Males 21–75 years and Females 40–75 years are eligible in two ways: <p>Events: Any of the following during the year prior to the measurement year meet criteria:</p> <ul style="list-style-type: none"> Myocardial Infarction (MI) CABG, PCI, or other revascularization procedure Diagnosis of Ischemic Vascular Disease (IVD) during measurement year and the year prior. One acute inpatient discharge with Ischemic Vascular Disease (IVD) diagnosis <p>Diagnosis: Identify members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year. The following encounters meet criteria:</p> <ul style="list-style-type: none"> An outpatient visit, telephone visit, e-visit, virtual check-in or acute inpatient encounter with an Ischemic Vascular Disease (IVD) diagnosis At least one acute inpatient discharge with an IVD diagnosis on the discharge claim.
Compliant Member	<ul style="list-style-type: none"> Members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year
How to Submit to Peak Health	<ul style="list-style-type: none"> One Pharmacy claim adjudicated at the point of sale.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Exclusion	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • NEW: Myalgia or Rhabdomyolysis caused by a statin any time during the member's history • Cirrhosis during the measurement year or the year prior • Myalgia, Myositis, Myopathy or Rhabdomyolysis during the measurement year • Dispensed at least one prescription for clomiphene • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • End-stage renal disease (ESRD) or dialysis during the measurement year or the year prior • pregnancy or in vitro fertilization any time during the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded <ul style="list-style-type: none"> ○ Frailty. At least two indications of frailty with different dates of service during the measurement year ○ Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution
Best Practice	<ul style="list-style-type: none"> • Ensure providers prescribe the moderate or high intensity Statin. • Document and submit cirrhosis, myalgia, myositis, myopathy, or rhabdomyolysis exclusion diagnosis via claim. • Discuss benefits of statins use and importance of adherence. • Consider statins with fewer drug interactions. Patients may be able to tolerate a different statin. • Members using samples, paying cash, or using discount cards will not generate a pharmacy insurance claim and will appear as non-compliant. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	<ul style="list-style-type: none"> • Peak Health Moderate/High Intensity Statin List • Stars Coding Reference List

Moderate and High Intensity Statins		
Description Statin Therapy	Prescription	Cost *At preferred pharmacies (Standard pharmacies copays will be higher)
High-intensity	Atorvastatin 40-80 mg	\$0*
High-intensity	Amlodipine- atorvastatin 40-80 mg	*Combination is not formulary* If utilized as 2 prescriptions separately (amlodipine and atorvastatin) \$0*
High-intensity	Rosuvastatin 20-40 mg	\$0*
High-intensity	Simvastatin 80 mg	\$0*
High-intensity	Ezetimibe- simvastatin 80 mg	*Combination is not formulary* If utilized as 2 prescriptions separately (ezetimibe and simvastatin) \$0*
Moderate-intensity	Atorvastatin 10-20 mg	\$0*
Moderate-intensity	Amlodipine- atorvastatin 10-20 mg	*Combination is not formulary* If utilized as 2 prescriptions separately (amlodipine and atorvastatin) \$0*
Moderate-intensity	Rosuvastatin 5-10 mg	\$0*
Moderate-intensity	Simvastatin 20-40 mg	\$0*
Moderate-intensity	Ezetimibe- simvastatin 20-40 mg	*Combination is not formulary* If utilized as 2 prescriptions separately (ezetimibe and simvastatin) \$0*
Moderate-intensity	Pravastatin 40-80 mg	\$0*
Moderate-intensity	Lovastatin 40 mg	\$0*
Moderate-intensity	Fluvastatin 40-80 mg	Non-formulary
Moderate-intensity	Pitavastatin 1-4 mg	Non-formulary

Statin Use in Persons with Diabetes (SUPD)

Measure Type	Static Star Measure
Measure Description	The percentage of diabetic members 40-75 years of age who take the most effective cholesterol lowering drug.
Eligible Population	<ul style="list-style-type: none"> Members 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.
Compliant Member	<ul style="list-style-type: none"> Members who received a statin medication fill anytime during the measurement year.
How to Submit to Peak Health	<ul style="list-style-type: none"> One Pharmacy claim adjudicated at the point of sale.
Exclusion	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> Cirrhosis Myopathy or Rhabdomyolysis Hospice End-stage renal disease (ESRD) during the measurement year or the year prior pregnancy or in vitro fertilization any time during the measurement year Lactation Pre-Diabetes Polycystic Ovarian Syndrome (PCOS)
Best Practice	<ul style="list-style-type: none"> Document and submit cirrhosis, myopathy, or rhabdomyolysis exclusion diagnosis via claim. Discuss benefits of statins use and importance of adherence. Consider statins with fewer drug interactions. Patients may be able to tolerate a different statin. Members using samples, paying cash, or using discount cards will not generate a pharmacy insurance claim and will appear as non-compliant. Provide ongoing outreach and follow up for non-compliant members.
Key Resources	<ul style="list-style-type: none"> Peak Health Statin List Stars Coding Reference List

Medication Adherence for Diabetic Medication

Measure Type	Dynamic Star Measure
Measure Description	Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Eligible Population	<ul style="list-style-type: none"> Members 18 years and older that had at least two fills of their diabetes medication. Diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DiPeptidyl Peptidase (DPP)- 4 Inhibitors, GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.
Compliant Member	<ul style="list-style-type: none"> Percent of plan members with a prescription for diabetes medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80 percent or higher. 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.
How to Submit to Peak Health	<ul style="list-style-type: none"> Pharmacy claims only
Exclusion	<ul style="list-style-type: none"> Hospice Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis any time during the member’s history on or prior to December 31 of the measurement year. One or more prescriptions for insulin
Best Practice	<ul style="list-style-type: none"> Educate patient about the importance of taking medication as prescribed. Discourage “pill splitting” or taking medication every other day unless prescribed by their providers. Ensure scripts are rewritten if dosage changed. Encourage 90 day fills for chronic long-term medications. Provide ongoing outreach and follow up for non-compliant members. Have staff ask about refills at each office visit.
Resources	<ul style="list-style-type: none"> Stars Coding Reference Sheet

Medication Adherence for Hypertension (RAS antagonists)

Measure Type	Dynamic Star Measure
Measure Description	Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Eligible Population	<ul style="list-style-type: none"> Members 18 years and older that had at least two fills of their prescribed drug therapy for renin angiotensin system (RAS) antagonists. Renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications.
Compliant Member	<ul style="list-style-type: none"> Percent of plan members with a prescription for renin angiotensin system (RAS) antagonists medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80 percent or higher. 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.
How to Submit to Peak Health	<ul style="list-style-type: none"> Pharmacy claims
Exclusion	<ul style="list-style-type: none"> Hospice Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis any time during the member’s history on or prior to December 31 of the measurement year. One or more prescriptions for sacubitril/valsartan
Best Practice	<ul style="list-style-type: none"> Educate patient about the importance of taking medication as prescribed. Discourage “pill splitting” or taking medication every other day unless prescribed by their providers. Ensure scripts are rewritten if dosage changed. Encourage 90 day fills for chronic long-term medications. Provide ongoing outreach and follow up for non-compliant members. Have staff ask about refills at each office visit.
Resources	<ul style="list-style-type: none"> Stars Coding Reference Sheet

Medication Adherence for Cholesterol (Statins)	
Measure Type	Dynamic Star Measure
Measure Description	Percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Eligible Population	<ul style="list-style-type: none"> Males 21-75 & Females 40-75 year of age as of December 31 of the measurement year that had at least two fills of their prescribed drug therapy for statin cholesterol medications.
Compliant Member	<ul style="list-style-type: none"> Percent of plan members with a prescription for statin cholesterol medications medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80 percent or higher. 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.
How to Submit to Peak Health	<ul style="list-style-type: none"> Pharmacy claims only
Exclusion	<ul style="list-style-type: none"> Hospice Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis any time during the member’s history on or prior to December 31 of the measurement year.
Best Practice	<ul style="list-style-type: none"> Educate patient about the importance of taking medication as prescribed. Discourage “pill splitting” or taking medication every other day unless prescribed by their providers. Ensure scripts are rewritten if dosage changed. Encourage 90 day fills for chronic long-term medications. Provide ongoing outreach and follow up for non-compliant members. Have staff ask about refills at each office visit.
Resources	<ul style="list-style-type: none"> Stars Coding Reference Sheet

Medication Therapy Management (MTM)

Measure Type	Display Star Measure
Measure Description	The percentage of MTM eligible members who received a Comprehensive Medication Review (CMR) during the measurement year.
Eligible Population	<p>Members 18 years and older who meet the following criteria.</p> <ul style="list-style-type: none"> • Have three or more of the following chronic disease (based on claims data): <ul style="list-style-type: none"> ○ Alzheimer's Disease ○ Bone disease including osteoporosis, osteoarthritis, and rheumatoid arthritis ○ Chronic Congestive heart failure (CHF) ○ Diabetes ○ Dyslipidemia (high cholesterol) ○ End-stage renal disease (ESRD) ○ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) ○ Hypertension (high blood pressure) ○ Mental Health Condition (bipolar dipolar disorder, depression, schizophrenia, and other chronic/disabling mental health conditions) ○ Respiratory disease (asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders) ○ AND you have 8 or more maintenance Part D covered drugs ○ AND are likely to incur annual costs that meet or exceed \$1,623 for all covered Part D drugs <p>Members may also be enrolled in the Medication Therapy Management program if they have been identified as an At-Risk Beneficiary (ARB) in our Drug Management Program.</p> <p>CMR - includes a discussion between the member and a pharmacist (or other health care professional) about all the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications</p>
Compliant Member	<ul style="list-style-type: none"> • Eligible members must complete a person-to-person comprehensive medication review during the measurement year.
How to Submit to Peak Health	<ul style="list-style-type: none"> • CMRs must be conducted Navitus
Exclusion	<ul style="list-style-type: none"> • Hospice

Medication Therapy Management (MTM)

Best Practice

- Review monthly gap list and encourage members to participate in CMR with Navitus
- Discuss the benefits of completing a comprehensive Medication Review during AWW and office visits.
- The MTM program helps the member and prescriber make sure medications are working. It also helps identify and reduce possible medication problems, find lower cost options to your current medications, and helps answer questions or concerns the member may have about their medications.
- The MTM program is not part of the member's prescription drug benefit. It is a Centers for Medicare and Medicaid Services (CMS) designed program offered by Peak Advantage to our members who are enrolled in our Medicare Part D prescription drug plans.
- The MTM program is a service offered at no additional cost to you.

Resources

- [Helpful Resources - Peak Health Medicare](#)

Follow-up After ED Visit for People With Multiple High-Risk Chronic Conditions

Measure Type	Static Star Measure
Measure Description	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
Eligible Population	<ul style="list-style-type: none"> Members 18 years of age and older with an ED visit between January 1 and December 24 who have multiple high-risk chronic conditions. Chronic conditions identified in year prior and measurement year <ul style="list-style-type: none"> COPD, asthma, or unspecified bronchitis Alzheimer's disease or related disorders Chronic kidney disease Depression Heart failure Acute myocardial infarction Atrial fibrillation Stroke and transient ischemic attack <ul style="list-style-type: none"> Remove visits related to aftercare, concussion or fracture of skull
Compliant Member	<ul style="list-style-type: none"> A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. The following meet criteria for follow-up: <ul style="list-style-type: none"> Outpatient visit, telephone visit or virtual check-in Transitional care management services Case Management Visits Complex Care Management Services Outpatient or telehealth behavior health visit Intensive outpatient encounter Substance use disorder service
How to Submit to Peak Health	<ul style="list-style-type: none"> Claims
Exclusion	<ul style="list-style-type: none"> Hospice Members who die any time during the measurement year ED visits that result in an inpatient stay ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.
Best Practice	<ul style="list-style-type: none"> Monitor ADT feeds & WHIN daily to assure timely follow-up Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions Transitions of care help to decrease readmissions and medication errors. It also helps with affordability and to improve communications between members and their providers leading to better patient health outcomes. Schedule post discharge appointments within 3-7 days Refer members to Peak Health Disease Management programs
Resources	<ul style="list-style-type: none"> Peak Health Care Management Program Manual

Concurrent Use of Opioids and Benzodiazepines (COB)

Measure Type	Dynamic Star Measure
Measure Description	<p>The measure is defined by the percentage of Part D members, 18 years or older, with concurrent use of prescription opioids and benzodiazepines during the measurement period.</p> <p>The PQA defines concurrent use as overlapping days supply for an opioid and benzodiazepine at least 30 cumulative days during the measurement period.</p> <p>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>
Eligible Population	<ul style="list-style-type: none"> Members 18 years of age and older with at least 2 prescription claims of a prescription opioid with unique dates of service and at least 15 cumulative days supply of opioids during the measurement period.
Compliant Member	<ul style="list-style-type: none"> Members with at least 2 prescription claims of a benzodiazepine with unique dates of service and concurrent use of opioids and benzodiazepines during the measurement period. A lower rate indicates better performance
How to Submit to Peak Health	<ul style="list-style-type: none"> Pharmacy claims Exclusions must be submitted via medical claims
Exclusion	<ul style="list-style-type: none"> Hospice during the measurement year Cancer diagnosis during the measurement year Sickle cell disease diagnosis during the measurement year Palliative care during the measurement year
Best Practice	<ul style="list-style-type: none"> Utilize Peak's formularies to identify alternative medication Review monthly gap list to identify members on opioids and evaluate if medication can be discontinued. Identify exclusions criteria, document and bill appropriate exclusion codes on the medical claim.
Resources	<ul style="list-style-type: none"> Documents and Resources - Peak Health Medicare

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

Measure Type	Dynamic Star Measure
Measure Description	<p>This measure is defined as the percentage of Part D Members 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period.</p> <p>The PQA defines concurrent use as overlapping days supply for at least 30 cumulative days during the measurement period.</p> <p>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>
Eligible Population	<ul style="list-style-type: none"> Part D Members 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period.
Compliant Member	<ul style="list-style-type: none"> Members with at least 2 prescription claims of the same anticholinergic who have concurrent use of an additional anticholinergic for 30 or more days during the measurement period. Each medication must have at least 2 prescription claims with unique dates of service during the measurement period A lower rate indicates better performance
How to Submit to Peak Health	<ul style="list-style-type: none"> Pharmacy claims Hospice exclusion must be submitted via medical claims
Exclusion	<ul style="list-style-type: none"> Hospice during the measurement year
Best Practice	<ul style="list-style-type: none"> Utilize Peak's formularies to identify alternative medication Review monthly gap list to identify members in the measure, discontinue anticholinergic if appropriate.
Resources	<ul style="list-style-type: none"> Peak Formulary - Documents and Resources - Peak Health Medicare

CPT® Code Reference List

2025 Stars Coding Tip Sheet

Annual Wellness Visit (AWV) & Initial Preventive Physical Exam (IPPE)

G0402	Initial Preventive Physical Exam (member first 12 months of enrollment in Medicare Part B)
G0438	Annual Wellness visit, Initial (can be completed after first 12 months of enrollment in Medicare Part B)
G0439	Annual Wellness Visit, Subsequent (can be completed on annual basis after initial AWW)
G0468	FQHC Visit, IPPE or AWW

Screening - Fall Risk

3288F	Falls Risk assessment documented
1100F	Patient screened for future fall risk; documentation of 2 or more falls in past year or any fall with injury past year
1101F	Patient screened for future fall risk; documentation of no falls in past year or 1 fall without injury in the past year

HBA1c Control

3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	Most recent hemoglobin A1c level greater than 9.0% Not Compliant

Eye Exam for Patients with Diabetes

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy

Controlling High Blood Pressure

3074F	Most recent systolic blood pressure less than 130 mmHg
3075F	Most recent systolic blood pressure 130-139 mmHg
3077F	Most recent systolic blood pressure greater than or equal to 140 mmHg Not Compliant
3078F	Most recent diastolic blood pressure less than 80 mmHg
3079F	Most recent diastolic blood pressure 80-89 mmHg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mmHg Not Compliant

Transition of Care – Medication Reconciliation

1111F	Discharge medications reconciled with the current medication list in outpatient medical record
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Statin Use in Persons With Diabetes (SUPD) Exclusions (Exclusion list is not comprehensive)

Cirrhosis:	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
Polycystic Ovarian Syndrome:	E28.2
End-Stage Renal Disease:	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z99.2
Prediabetes:	R73.03, R73.09
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis:	M62.82
Pregnancy and/or Lactation:	O00-O09A, Z33.-, Z34.-

Disclaimer: This document is intended as a guide and is not all inclusive. Always refer to the National Guidelines for complete coding and technical specifications. Coding may be subject to change on National Guidelines and/or updates.

Peak Health's Preferred Pharmacy List

Members will save on out-of-pocket prescription costs when utilizing a Preferred Network Retail location or Mail Order Pharmacy.

Northern WV Preferred Pharmacies	Southern WV Preferred Pharmacies
<ul style="list-style-type: none"> • Medical Center Pharmacy • Mountaineer Pharmacy • Medical Park Pharmacy • United Pharmacy • WVU Specialty Pharmacy & Home Infusion • New Martinsville Pharmacy • Carl Walkers Drugstore • Rivesville Pharmacy • Moundsville Pharmacy • Mace's Pharmacy • Community Care Pharmacy of Clarksburg • Community Care Pharmacy of Weston • Community Care Pharmacy of Green Bank • Community Care Pharmacy of Buckhannon • Tri-County Pharmacy • Clay-Battelle Pharmacy • Community Care Pharmacy of Flatwoods • Kingwood Pharmacy LLC • Walgreens 	<ul style="list-style-type: none"> • Marshall Pharmacy- Byrd Clinical Center • Marshall Pharmacy- PROACT • Marshall Pharmacy- Marshall University Medical Center • The Pharmacy @ HIMG • St. Mary's Medical Center Outpatient Pharmacy • Walgreens
*Mail Order Pharmacies	
<p>The pharmacies below provide home delivery of your medications by mail. For more information or to sign up call:</p> <ul style="list-style-type: none"> • Medical Center Pharmacy (304) 598-4848 • Mountaineer Pharmacy (304) 285-7348 • WVUH Specialty Pharmacy & Home Infusion (844) 988-7216 • Costco Pharmacy (800) 607-6861 	

Changes to our pharmacy network may occur during the benefit year and our pharmacy directory only lists pharmacies within our service area.

For the most up-to-date Pharmacy Directory and Formulary, please visit <https://medicare.peakhealth.org>. You may also call Customer Care at 1-866-270-3877 (TTY users should call 711), 24 hours a day, 7 days a week except for Thanksgiving and Christmas day.

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