

Immunizations				
Measures	Measure Specifications	How to Improve Measure	Deadline	Measure-Specific Exclusions
Childhood Immunization Combo*	Patients 0-24 months who received all of the following vaccines on/ before their 2nd birthday based on vaccine guidelines: • 4 DTaP • 1 MMR • 1 HepA • 2 or 3 RV • 3 IPV • 3 HiB • 2 Flu • 1 VZV • 4 PCV • 3 HepB <i>Note: AAP recommends 2 Hep A vaccines, however only 1 is needed to meet HEDIS measure guidelines.</i>	• Document all historical immunizations (e.g., in CAIR or in records brought from previous healthcare organizations) in medical record with brand administered. • Schedule Well-Child Checks/ nurse visits with appropriate timing to complete all vaccines on or before child's 2nd birthday (deadline). • Run "Query Imm Registry" in Epic to locate any external immunization records.	Complete vaccine series based on specified vaccine guidelines on or before 2nd birthday. Deadline to complete all vaccine series is patient's 2nd birthday. Note the following vaccine deadlines: • 1st Rota vaccine must be given before child is 15 weeks; Rota series must be completed before child is 8 months. • Influenza vaccine is recommended starting at age 6 months. 2 doses of flu vaccine should be given at least 4 weeks apart.	Any of the following documented & coded appropriately on/ before child's 2nd birthday: • Anaphylaxis due to vaccine • Severe combined immunodeficiency; immunodeficiency; HIV; lymphoreticular cancer, multiple myeloma or leukemia; intussusception • Organ or bone marrow transplant • Encephalitis due to DTaP vaccine (only for DTaP)
Adolescent Immunization Combo*	Patients 9-13 years old who received all of the following vaccines on/before their 13th birthday based on vaccine guidelines: • 2 or 3 HPV given on/between 9th & 13th birthdays with 146 days (5 months) between 1st & 2nd doses • 1 Tdap given on/between 10th & 13th birthdays • 1 Meningococcal given on/between 10th & 13th birthdays	• Document all historical immunizations (e.g., in CAIR or in records brought from previous healthcare organizations) in medical record with brand administered. • Schedule Well-Child Checks/ nurse visits with appropriate timing to complete all vaccines on or before child's 13th birthday (deadline). • Run "Query Imm Registry" in Epic to locate any external immunization records.	Complete vaccine series based on specified guidelines on or before 13th birthday. Deadline is patient's 13th birthday.	Any of the following documented & coded appropriately on/ before child's 13th birthday: • Anaphylaxis due to vaccine • Encephalitis due to Tdap vaccine (only for Tdap)

Preventive Screenings				
Measures	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Chlamydia Screening*	16-24 yr old females given a contraceptive, had a pregnancy test outside of an X-ray encounter, or identified as sexually active (e.g., diagnosis of pregnancy or STI) during measurement year must complete at least 1 chlamydia screening during current measurement year	• Collect urine in office for Chlamydia specific urine test, Chlamydia/Gonorrhoeae test, or perform Pap test with chlamydia screening. • If unable to collect urine during visit, provide standing order to complete screening at external lab. • Provide urine screening test when refilling and/or prescribing contraceptives.	Annually	• Pregnancy test done in measurement year and one of the following on or 6 days after pregnancy test: - X-ray performed or - Isotretinoin Rx filled • Sex assigned at birth is male
Cervical Cancer Screening [^] *	• Ages 21-29: Complete Pap (with or without HPV co-test) every 3 years • Ages 30-64: Complete HPV test (with or without Pap) every 5 years <i>Note: If patient is < 30 years at time of test, Pap only counts towards measure compliance for 3 years.</i>	• Perform cervical cancer screening per clinical guidelines. • If patient completed screening with OB/GYN, obtain records and scan into chart. • If documenting last screening in patient's chart, specify type of test (e.g., Pap alone, HPV alone, or Pap and HPV co-test), date (year, at a minimum) and results.	As needed based on medical history and screening guidelines	Any of the following documented & coded appropriately: • Total hysterectomy (documented as "total" or "complete" with surgery year) • Cervical agenesis or acquired absence of cervix • Sex assigned at birth is male
Breast Cancer Screening [^] [^] *	• 40-74 year old females need at least 1 2D or 3D Screening or Diagnostic Mammogram completed between 10/1/24-12/31/26 • If patient had unilateral mastectomy, mammogram is still needed for intact breast. Breast ultrasound/MRI does not meet measure compliance.	• Provide standing order for bilateral screening or diagnostic mammogram if patient has not been screened in the last 2 years. • If patient completed mammogram within the last 2 years, obtain record and scan into chart. • If documenting last mammogram in chart, spell out procedure name and include date (year, at a minimum) and results.	Every 1-2 years	Any of the following documented & coded appropriately: • Bilateral mastectomy (with surgery year) • Gender-affirming chest surgery with diagnosis of gender dysphoria any time during member's history
Colorectal Cancer Screening [^] [^] *	45-75 year old patients must complete FIT kit during current measurement year or colonoscopy within last 10 years	• Provide Quest FIT kit annually. • If needed, provide GI referral for colonoscopy. • If patient completed colonoscopy within the last 10 years, obtain record and scan into chart. • If documenting last colonoscopy in chart, spell out procedure name and include date (year, at a minimum) and results.	As needed based on last testing done. • FIT kits must be completed annually. • Per NCOA guidelines, a colonoscopy counts towards compliance for 10 years.	Any of the following documented & coded appropriately: • Total colectomy (documented with surgery year) • Diagnosis of colorectal cancer
Child and Adolescent Well-Care Visits*	3-21 year old patients need annual well visit <i>Note: Well-child visits must be in office. Telehealth visits do not count towards measure compliance.</i>	• Schedule well-child checks annually. Visits may be completed with PCP or OB/GYN.	Annually	See General Measure Exclusions on back
Well-Child Visits in the First 30 Months of Life*	• Children turning 15 months old during measurement year must have 6+ well-child visits at least 14 days apart from each other • Children turning 30 months old during measurement year must have 2+ well-child visits <i>Note: Well-child visits must be in office. Telehealth visits do not count towards measure compliance.</i>	• Follow AAP schedule of well-child visits: 1st week (3-5 days old), 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months. • Schedule next well-child visit during check-out. • If patient is being seen for sick visit, schedule next well-child visit during check-out.	As needed based on AAP schedule of well-child visits	See General Measure Exclusions on back

Medications				
Measures	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Proportion of Days Covered: RAS, Statins or Oral Diabetes Meds.*	Hoag Clinic Medicare Advantage HMO members 18+ years, Proportion of Days Covered (PDC) by filled prescription must be ≥ 80% <i>Note: Measure is dependent on pharmacy data</i>	• Prescribe and refill medications for 100 days supply with a minimum of 3 refills. • Discuss with patient commitment to medication regimen. If patient is not committed to adhering to regimen, wait to prescribe until patient is ready to begin medication.	Proportion of Days Covered (PDC) by filled prescription must be ≥80% per year	During measurement year: • ESRD documented & coded appropriately • 1+ insulin fills (for Diabetes Rx) • 1+ Sacubitril/ Valsartan fills (for Hypertension Rx)

Behavioral Health and Substance Use				
Measures	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Depression Screening for Adolescents and Adults*	12+ year old patients need annual depression screening	• Initiate depressing screening using age-appropriate tool (e.g., PHQ-2 or PHQ-9M). Document completion of screening and score in progress notes. - If positive score on PHQ-2, complete full PHQ-9.	Annually	Any of the following documented & coded appropriately: • History of bipolar disorder at any time during member's history • Depression with onset in the year prior to measurement year
Follow-Up on Positive Screen*	12+ year old patients who screened positive on depression screening need follow-up care on or up to 30 days after the date of positive screen	• If patient screens positive on depression screening, complete one of the following within 30 days: - Schedule follow-up visit. Follow-up visit must include diagnosis of depression or other behavioral health condition (e.g., bipolar disorder, postpartum depression, PTSD, adjustment disorder, ADHD, obsessive compulsive disorder, etc.) - Refer to behavioral health - Prescribe antidepressant medication	On or up to 30 days after date of positive depression screening	Any of the following documented & coded appropriately: • History of bipolar disorder at any time during member's history • Depression with onset in the year prior to measurement year

Cardiovascular				
Measures	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Controlling High Blood Pressure/ Blood Pressure Control for Patients with Hypertension^{†#^*} (Goal: <140/<90 mm Hg)	18-85 year old patients with hypertension diagnosis, most recent blood pressure reading from outpatient visit in measurement year must be <140/<90 mm Hg	- Take BP during in-person and telephone/telehealth visit. If above goal, repeat BP after resting & document all readings into vitals. - Encourage patients to obtain at-home BP monitor. - For Epic users: Place Hypertension Control Quality Follow-Up order to request follow-up telephone BP check, schedule follow-up appointment with PCP, or assist patient in obtaining at-home BP monitor.	Take BP during every office visit. Most recent BP reading from outpatient visit during measurement year counts towards compliance.	Any of the following documented & coded appropriately: - ESRD, dialysis, nephrectomy, or kidney transplant at any time during member's history - Pregnancy during the measurement year <i>Note: Frailty/advanced illness exclusion only applies to patients ages 66-80 years</i>
Statin Therapy for Patients with Cardiovascular Disease^{†^*} <i>Note: Measure is dependent on pharmacy data</i>	Hoag Clinic Medicare Advantage HMO members 21-75 years with ASCVD, must fill moderate- to high-intensity statin at least once during measurement year	Prescribe moderate- to high-intensity statin for patients with ASCVD. Prescribe and refill medications for 100 days supply with a minimum of 3 refills. - Discuss treatment with patient to promote adherence to statin therapy. - Try another statin medication if patient reports intolerance to current statin. - Document & appropriately code all applicable exclusions.	Patient must fill statin at least once during measurement year	Dispensed Clomiphene Rx in measurement year/1 year prior Any of the following documented & coded appropriately: - In measurement year or 1 year prior: Pregnancy, IVF, cirrhosis, ESRD, or dialysis - In measurement year: Myalgia/myositis/ myopathy/rhabdomyolysis - Any time during member's history: Myalgia or rhabdomyolysis caused by a statin

Diabetes Care				
Measures	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Glycemic Status Assessment for Patients with Diabetes^{†^*}	18-75 year old patients with diabetes diagnosis, most recent glycemic status assessment (HbA1c test or glucose management indicator) during measurement year must be <8% for ages 18-64 yrs or <9% for ages 65+ yrs)	- Conduct in-office A1c POCT or provide A1c standing order to complete at external lab. - Ask if patient uses continuous glucose monitoring (CGM) device. If so, document most recent Glucose Management Indicator (GMI) in chart.	At least once during calendar year with result at goal. Complete/ order HbA1c and/or collect GMI reading as needed until result is at goal.	See <i>General Measure Exclusions</i> below
Eye Exam for Patients with Diabetes^{†^*}	18-75 year old patients with diabetes diagnosis need retinal eye exam annually, or negative retinal eye exam in the calendar year prior to the measurement year	- Complete retinal eye exam in office with RetinaVue camera. - Provide optometry/ ophthalmology referral for patients with known eye complications. - If eye exam was recently completed by an optometrist/ ophthalmologist, obtain record and scan into chart.	- Each calendar year, unless patient had negative (no retinopathy) eye exam in previous calendar year. - If eye exam result from previous calendar year indicated negative retinopathy, then patient is compliant for 2 calendar years per NCQA guidelines.	Bilateral eye enucleation documented & coded appropriately anytime in member's history
Kidney Health Evaluation in Patients with Diabetes^{†#^*}	18-85 year old patients with diabetes diagnosis need eGFR and urine albumin-creatinine ratio tests completed annually	Complete the 2 required screening samples by: - Conducting in-office microalbumin POCT or providing microalbumin with creatinine standing order to complete at external lab, and - Conducting in-office blood draw for CMP/BMP if site has trained phlebotomist or providing standing order for CMP/BMP to complete at external lab.	Annually	ESRD or dialysis documented & coded appropriately anytime in member's history <i>Note: Frailty/advanced illness exclusion only applies to patients ages 66-80 years</i>
Statin Use in Persons with Diabetes[*] <i>Notes: Measure is dependent on pharmacy data. Deceased members may not be excluded for this measure.</i>	Hoag Clinic Medicare Advantage HMO patients 40-75 years with diabetes diagnosis must fill any intensity statin medication at least once during measurement year	- For patients with diabetes, prescribe and refill statin medications for 100 days supply with a minimum of 3 refills. - If patient also has ASCVD, prescribe moderate- to high-intensity statin. - Discuss treatment with patient to promote adherence to statin therapy. - Try another statin medication if patient reports intolerance to current statin. - Document and appropriately code all applicable exclusions.	Patient must fill statin at least once during measurement year	Any of the following documented and coded appropriately during the measurement year: - ESRD - Rhabdomyolysis or myopathy - Pregnancy, lactation, or fertility treatment - Cirrhosis - Pre-diabetes - Polycystic Ovary Syndrome (PCOS)

Musculoskeletal				
Measures	Measure Specifications	How to Improve Measure	Deadline	Measure-Specific Exclusions
Osteoporosis Management in Women who had a Fracture^{†#^*}	Females 67-85 years old who suffered a fracture must complete a DEXA Scan or fill Rx for treatment of Osteoporosis within 180 days of fracture date	- Place standing order for DEXA Scan or - Prescribe Rx to treat osteoporosis. - If patient completed DEXA scan 730 days (24 months) prior to fracture date, obtain record and scan into chart.	6 months after fracture for fracture dates between 07/01/2025-06/30/2026	Had Bone Mineral Density 730 days (24 months) before fracture or received osteoporosis treatment Rx 365 days (12 months) before fracture <i>Note: Frailty/advanced illness exclusion only applies to patients ages 67-80 years.</i>

Maternity				
Measures	Measure Specifications	How to Improve Measure	Deadline	Measure-Specific Exclusions
Prenatal Immunization Status[*]	Deliveries during measurement year in which members received all of the following vaccines: 1 Flu vaccine or anaphylaxis to flu vaccine between 7/1 of previous year and delivery date 1 Tdap vaccine or anaphylaxis/ encephalitis due to Tdap vaccine during pregnancy (including delivery date)	Offer flu vaccine to all women who are pregnant or who might become pregnant during the upcoming flu season. Offer Tdap vaccine to all pregnant women between gestational weeks 27-36. - If patient already received immunization(s), document historical immunizations (e.g., in CAIR or in records brought from previous healthcare organizations) in medical record with brand administered. - Run "Query Imm Registry" in Epic to locate any external immunization records.	During each pregnancy	Deliveries that occurred at < 37 weeks gestation
Prenatal and Postpartum Care[*]	Deliveries between 10/8/25-10/7/26 in which members completed all of the following: 1 prenatal care visit in the first trimester 1 postpartum visit on or between 7 and 84 days after delivery	Schedule prenatal care visit with PCP (must include pregnancy-related diagnosis code in encounter) or encourage member to establish care with OB/GYN. - Provide list of OB/GYN providers within the Hoag network. - If patient transferred from another OB/GYN, obtain all records for current pregnancy and scan into patient's chart.	- Prenatal care visit must be between 280-176 days prior to estimated delivery date. - Postpartum visit must be between 7-84 days after delivery.	See <i>General Measure Exclusions</i> below

GENERAL MEASURE EXCLUSIONS

Note: The following general exclusions apply to most measures and are documented next to the measure name. Exclusions specific to each measure are indicated in the "Measure-Specific Exclusions" column.

* Exclusions include patients who deceased or received hospice services at any time during the measurement year.

^ Exclusions include patients who received palliative care during measurement year.

+ Exclusions include patients 66+ years enrolled in an Institutional SNP or living long-term in an institution during the measurement year, or with frailty **and** advanced illness. Frailty/advanced illness exclusions require at least 2 encounters during the measurement year or 1 year prior with an advanced illness diagnosis and 2 indications (encounter with diagnosis or claim submitted for device/product) of frailty during the measurement year.

Exclusions include patients 81+ years with frailty in measurement year.