Priority Health

2026 HEDIS® Provider Guide

A comprehensive list of 2026 measures along with CMS Stars, CAHPS® and HOS resources to help you close care gaps and boost quality and PCP Incentive Program (PIP) performance

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An overview of HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS)is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) and used by health plans nationwide to evaluate quality of care and services provided to patients. These measures cover a wide range of health issues, including preventive care, chronic disease management, behavioral health and access to services.

HEDIS impacts:

- **Quality reporting**: HEDIS data is used to assess how well providers and health plans deliver care. High performance can lead to better quality scores, better patient outcomes and increased performance in our incentive programs.

- **Value-based care**: Quality measures are a central component of value-based care. Strong HEDIS performance supports improved patient care and better outcomes, which can lead to increased payments for Accountable Care Networks (ACNs) participating in a risk contract.

- **Patient outcomes**: Most importantly, HEDIS measures are evidence-based clinical guidelines designed to improve a patient's health through timely and appropriate screenings, follow-ups when needed and regular, preventive care.

How to use this guide

The HEDIS Provider Guide offers a comprehensive list of 2026 HEDIS measure spec sheets that contain key information on coding, accurate documentation, gap closure and best practices.

What's included in the spec sheet?

- **Measure overview:** Measure definition, numerator and denominator and impacted lines of business

- **Billing codes:** Accepted billing codes used to close specific HEDIS measure care gaps and ensure measure compliance. *Billing these codes doesn't supersede CMS billing guidelines and/or your provider contract with us and doesn't guarantee payment.*

- **Service frequency:** Timeframe your patient should receive the service

- **Test, service or procedure to close the care gap:** Test, service or procedure that must be completed for a patient to be considered compliant in the measure

- **Measure exclusions:** Diagnoses that qualify your patient for exclusion from the measure, regardless of numerator compliance

- **Medical record documentation:** Documentation that must be submitted to show proof of gap closure

- **Common chart deficiencies**: Common areas for improvement when charting and submitting documentation for this measure

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Key

		
Indicates the measure can be closed by submitting CPT II codes	Indicates the measure can be satisfied virtually	Indicates the measure is an ECDS reported measure
		
Indicates the measure is included in our PCP Incentive Program (PIP)	Indicates the measure is a CMS Medicare Star Ratings measure	Indicates the measure accepts supplemental data to close gaps

You can find applicable identifiers on the **upper left hand corner of your HEDIS spec sheet.**

Summary of changes to HEDIS Measure Year (MY) 2026

New measures	• Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO) • Acute Hospitalizations Following Outpatient General Surgery (HFG) • Acute Hospitalizations Following Outpatient Colonoscopy (HFC) • Acute Hospitalizations Following Outpatient Urologic Surgery (HFU) • Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E) • Tobacco Use Screening and Cessation Intervention (TSC-E) • Blood Pressure Control for Patients with Diabetes (BPD-E)
Retired measures	• Asthma Medication Ratio (AMR) • Medical Assistance with Smoking and Tobacco Use Cessation (MSC)
Revised measures	• **Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)** Updated the measure to allow substance use disorder diagnoses in any position on the follow-up claim. The measure expanded the numerator to include peer support services as an appropriate follow-up visit. • **Statin Therapy for Patients with Cardiovascular Disease (SPC-E) and Statin Therapy for Patients With Diabetes (SPD-E)** Updated the cardiovascular measure to remove sex-specific age bands. Both measures removed the "I-SNP or long-term institutional (LTI) care" exclusion, and the approach for identifying atherosclerotic cardiovascular disease (ASCVD) was updated. • **Adult Immunization Status (AIS-E)** Added a COVID-19 indicator to the measure that targets persons 65 and older. • **Social Need Screening and Intervention (SNS-E)** Updated the measure to add codes to identify screening numerator events and intervention denominator and numerator events, and updated the I-SNP and LTI exclusions to include all ages.
ECDS reporting	• NCQA will allow voluntary Electronic Clinical Data Set (ECDS) reporting for the Blood Pressure Control for Patients with Diabetes (BPD-E) measure. • NCQA retired the administrative and hybrid reporting methods for Lead Screening in Children (LSC), Statin Therapy for Patients with Cardiovascular Disease (SPC) and Statin Therapy for Patients with Diabetes (SPD). Only the ECDS reporting method will be used for these measures.

2026 HEDIS measures **included in our PCP Incentive Program (PIP)**

Sorted alphabetically by measure. **Click to open.**

- **AAP:** Adult's Access to Preventive/Ambulatory Health Services
  - *This measure is incentivized for the Medicaid plan only for members between the ages of 20-44*
- **BCS-E:** Breast Cancer Screening
- **CCS-E:** Cervical Cancer Screenings
- **CIS-E:** Childhood Immunizations: Combo 3
- **CHL:** Chlamydia Screening
- **COL-E:** Colorectal Cancer Screening
- **CBP:** Controlling High Blood Pressure
- **DSF-E:** Depression Screening and Follow-Up for Adolescents and Adults
- **EED:** Eye Exam for Patients with Diabetes
- **FMC:** Follow-up for ED Visit for High-Risk Multiple Chronic Conditions
- **FUM:** Follow-up for ED Visit for Mental Illness
- **GSD:** Glycemic Status Assessment for Patients with Diabetes HbA1c ≤ 9.0%
- **IMA-E:** Immunizations for Adolescents: Combo 2
- **KED:** Kidney Health Evaluation
- **LSC-E:** Lead Screening
- **OMW:** Osteoporosis Management in Women Who Had a Fracture
- **SNS-E:** Social Needs Screening & Intervention
- **W30:** Well Child Visits in the First 30 Months of Life, which includes:
  - Well Child Visits in the First 15 Months of Life
  - Well Child Visits 15-30 Months of Life
- **WCV:** Child and Adolescent Well Care Visits, which includes:
  - Well Child Visits : 3-11 Yrs
  - Well Child Visits : 12-17 Yrs
  - Well Child Visits: 18-21 Yrs

>>> Continue to the next page for a comprehensive list of all 2026 HEDIS measure spec sheets.

2026 HEDIS measures

Sorted alphabetically by measure. **Click to open.**

- **AAB:** Avoidance of Antibiotic Treatment for Acute Bronchiolitis
- **AAF-E:** Follow-Up After Acute and Urgent Care Visits for Asthma
- **AAP:** Adult's Access to Preventive/Ambulatory Health Services – 20-44 years
- **ACP:** Advance Care Planning
- **ADD-E:** Follow-up Care for Children Prescribed ADHD Medication
- **AIS-E:** Adult Immunization Status
- **AMR:** Asthma Medication Ratio
- **APM-E:** Metabolic Monitoring for Children and Adolescents on Antipsychotics
- **ASF-E:** Unhealthy Alcohol Use Screening and Follow-Up
- **BPC-E:** Blood Pressure Control for Patients with Hypertension
- **BPD:** Blood Pressure Control for Patients with Diabetes
- **BPD-E:** Blood Pressure Control for Patients with Diabetes, ECDS measure
- **BCS-E:** Breast Cancer Screening
- **CBP:** Controlling High Blood Pressure
- **CCS-E:** Cervical Cancer Screenings
- **CHL:** Chlamydia Screening
- **CIS-E:** Childhood Immunizations Combo 3
- **COL-E** Colorectal Cancer Screening
- **COA:** Care for Older Adults
- **COU:** Risk of Continued Opioid Use
- **CRE:** Cardiac Rehabilitation
- **CWP:** Appropriate Testing for Pharyngitis
- **DAE:** Use of High-Risk Medicine in Older Adults
- **DBM-E:** Documented Assessment After Mammogram
- **DBO:** Deprescribing of Benzodiazepines in Older Adults
- **DDE:** Potentially Harmful Drug-Disease Interactions in Older Adults
- **DMH:** Diagnosed Mental Health Disorders
- **DMS-E:** Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- **DRR-E:** Depression Remission or Response for Adolescents and Adults
- **DSF-E:** Depression Screening and Follow-up for Adolescents and Adults
- **DSU:** Diagnosed Substance Use Disorders
- **EED:** Eye Exam for Patients with Diabetes
- **FMC:** Follow-up for ED Visit for High-Risk Multiple Chronic Conditions
- **FMA-E:** Follow-up After Abnormal Mammogram Assessment
- **FUA:** Follow-up After ED Visit for Substance Use
- **FUH:** Follow-up After Hospitalization for Mental Illness
- **FUI:** Follow-up After High-Intensity Care for Substance Use Disorder
- **FUM:** Follow-up After ED Visit for Mental Illness
- **GSD:** Glycemic Status Assessment for Patients with Diabetes HbA1c ≤ 9.0%
- **HDO:** Use of Opioids at High Dosage
- **HFC:** Acute Hospitalization Following Outpatient Colonoscopy
- **HFG:** Acute Hospitalization Following Outpatient General Surgery
- **HFO:** Acute Hospitalization Following Outpatient Orthopedic Surgery
- **HFS:** Hospitalization Following Discharge From a Skilled Nursing Facility
- **HFU:** Acute Hospitalization Following Outpatient Urologic Surgery

- **IET:** Initiation and Engagement of Substance Use Disorder Treatment
- **IMA-E:** Immunizations for Adolescents
- **KED:** Kidney Health Evaluation
- **LBP:** Use of Imaging Studies for Low Back Pain
- **LSC-E:** Lead Screening
- **OED:** Oral Evaluation, Dental Services
- **OMW:** Osteoporosis Management in Women Who Had a Fracture
- **OSW:** Osteoporosis Screening in Older Adult Women
- **PBH:** Persistence of Beta-Blocker Treatment After Heart Attack
- **PCE:** Pharmacotherapy Management of COPD Exacerbation
- **PCR:** Plan All-Cause Readmissions
- **PDS-E:** Postpartum Depression Screening and Follow-up
- **CHL:** Chlamydia Screening
- **POD:** Pharmacotherapy for Opioid Use Disorder
- **PPC, prenatal:** Prenatal and Postpartum Care – prenatal sub measure
- **PPC, postpartum:** Prenatal and Postpartum Care – postpartum sub measure
- **PND-E:** Prenatal Depression Screening and Follow-up
- **PRS-E:** Prenatal Immunization Status
- **PSA:** Non-Recommended PSA-Based Screening in Older Men
- **SAA:** Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- **SMC:** Cardiovascular Monitoring for People with CVD and Schizophrenia
- **SMD:** Diabetes Monitoring for People with Diabetes and Schizophrenia
- **SNS-E:** Social Needs Screening & Intervention
- **SPC-E:** Statin Therapy for Patients with Cardiovascular Disease
- **SPD-E:** Statin Therapy for Patients with Diabetes
- **SSD:** Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- **TFC:** Topical Fluoride for Children
- **TRC:** Transitions of Care which includes:
  - Medication Reconciliation Post-Discharge
  - Notification of Inpatient Admission
  - Patient Engagement After Inpatient Discharge
  - Receipt of Discharge Information
- **TSC-E:** Tobacco Use Screening and Cessation Intervention
- **URI:** Appropriate Treatment for Upper Respiratory Infection
- **UOP:** Use of Opioids From Multiple Providers
- **W30:** Well Child Visits in the First 30 Months of life
- **WCC:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- **WCV:** Child and Adolescent Well-Care Visits