

# Quality news

## Medicare, Medicaid & HEDIS updates

Spring 2026

Helping you close important gaps in care with education, resources and member campaigns.

### Medicare Quality news

#### Using ECDS to Close HEDIS Gaps and Improve PIP Performance

Electronic Clinical Data Systems (ECDS) plays a key role in improving patient outcomes, STAR ratings and PCP Incentive Program (PIP) performance. As the National Committee for Quality Assurance (NCQA) continues to expand Digital First reporting practices, accurate and timely electronic data submission is vital to comprehensive patient documentation and quality reporting. It also ensures fast gap closure and reduces the need for manual medical record submission and review.

##### How can providers align with Digital First methodology?

- **Use ECDS when applicable for faster, more accurate gap closure**  
Submit structured clinical data directly from your EHR/EMR to close HEDIS gaps without manual medical record review
- **Understand HEDIS reporting requirements**  
While many HEDIS measures are hybrid and can be closed with ECDS, some still rely on claims or administrative reporting methods. You can find reporting information for each measure in our [2026 HEDIS Provider Reference Guide](#). As a reminder, Part D pharmacy measures included in The Centers for Medicare and Medicaid Services (CMS) Star Ratings Program can only be closed through Priority Health pharmacy claims
- **Submit ECDS data using the appropriate standardized format**  
Ensure data is submitted correctly in standardized formats like LOINC, SNOMED or CPT II

##### Tips for success when submitting data administratively or through claims

- Submit claims promptly with accurate CPT II codes to reflect completed services
- Document and submit member exclusions using appropriate ICD-10/CPT codes
- Use supplemental data submissions when claims are not available

If you'd like additional guidance or support for HEDIS or ECDS reporting, contact our HEDIS team at: [HEDIS@priorityhealth.com](mailto:HEDIS@priorityhealth.com).

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## Understanding CPT II codes

Using the correct Current Procedural Terminology Category II (CPT® II) codes when filing claims helps streamline administrative processes and supports gap closure. While CPT II codes aren't used for reimbursement, they play a critical role in quality measurement and reporting.

### What are CPT II codes?

CPT II codes are alphanumeric codes ending in "F" that are reported in addition to standard CPT I codes to capture key clinical quality information.

### What are they used for?

CPT II codes support:

- **Streamlined reporting:** Used to track quality performance measures and reduce the need for manual chart reviews
- **Gap closure:** Document that clinically supported screenings or tests were completed, supporting accurate quality reporting and reducing unnecessary reminders for preventive services
- **Improved efficiency:** Contribute to reliable quality data that supports Value-Based Care and helps monitor care delivery across patient populations

## 2026 Medicare Quality HEDIS focus measures: Closing care gaps for better patient outcomes

For Measurement Year (MY) 2026, we're targeting a select set of HEDIS measures, where improvement can maximize quality performance and have a meaningful impact on patient outcomes.

Measure	Why we're focusing on it	How it impacts patient care
Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> <li>• Improvement opportunity from MY2025</li> </ul>	Improves early detection, expands treatment options and reduces late-stage cancer risk
Osteoporosis Management in Women Who Had a Fracture (OMW)	<ul style="list-style-type: none"> <li>• New to PIP in 2026</li> <li>• Quality improvement opportunity</li> </ul>	Reduces risk of repeat fractures, complications and loss of function after a fracture
Eye Exam for Patients with Diabetes (EED)	<ul style="list-style-type: none"> <li>• Improvement opportunity from MY2025</li> </ul>	Prevents or slows vision loss through early detection of diabetic retinopathy
Glycemic Status Assessment for Patients with Diabetes (GSD)	<ul style="list-style-type: none"> <li>• 3x weighted Stars outcomes measure</li> </ul>	Supports timely treatment adjustments to reduce diabetes-related complications
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> <li>• 3x weighted Stars outcomes measure</li> </ul>	Lowers risk of stroke, MI, heart failure and kidney disease progression
Follow-up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	<ul style="list-style-type: none"> <li>• New to PIP</li> <li>• Quality improvement opportunity</li> </ul>	Strengthens transitions of care, reduces avoidable utilization and improves medication/problem list accuracy

### Tips for success in these measures:

- Run outreach for patients overdue for breast cancer screenings, diabetic eye exams, BP control follow-ups and diabetes monitoring (GSD)
- Ensure results of completed services performed by specialists (mammograms and eye exams) are received and recorded in the patient's medical record
- Standardize chronic care touchpoints by incorporating blood pressure rechecks and diabetes monitoring into regular workflows
- Stay engaged with high-risk patients who have an increased likelihood of hospitalization or need follow-up care from a specialist
- Ensure encounters are thoroughly documented and coded appropriately

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## Partnering with you to improve breast cancer screening rates

The Breast Cancer Screening (BCS-E) measure is a CMS Stars/HEDIS quality measure that assesses whether eligible patients receive a mammogram within the recommended timeframe. By encouraging timely screening, the measure supports earlier detection of breast cancer and improved health outcomes for members.

We're working alongside our provider partners to improve screening rates, drive quality and increase provider performance in PIP through the following:

- **Mammogram “birthday card” reminders** sent to members who may be due for screening
- **Outbound calls** to Medicare members encouraging completion of preventive screenings
- **Healthy Rewards incentive:** Eligible Medicare members can earn \$25 for completing a mammogram

### How providers can help close the gap

Providers play a critical role in ensuring screenings are completed and counted:

- Identify patients who are due using EMR tools and/or gaps in care reports
- Recommend mammograms at every visit—preventive and problem focused—and assist with scheduling before the patient leaves
- Address common barriers (transportation, fear or anxiety, scheduling challenges or test understanding) and offer alternative locations or appointment times when possible
- Ensure results are received and documented in the medical record—including date of service—by Sept. 30, 2026
  - If completed outside your system, request records and update patient history
- Submit claims or screening data promptly so completed screenings count toward PIP
- Submit exclusions when appropriate, such as a history of bilateral mastectomy
  - *Reminder: A unilateral mastectomy is not an exclusion; screening should continue for the remaining breast*

## Supporting medication adherence in diabetes

The Medication Adherence for Diabetes Medications Star Rating measure evaluates whether eligible members are filling their prescribed diabetes medications often enough to cover 80% or more of their treatment period.

### Diabetes medications included in the measure:

- Metformin
- Sulfonylureas
- DPP-4 inhibitors
- GLP-1 receptor agonists (including dual GIP/GLP 1 agents)
- SGLT2 inhibitors
- Thiazolidinediones
- Meglitinides

### Exclusions for the measure:

- Hospice
- End Stage Renal Disorder (ESRD)
- Members with an insulin prescription billed under Part D (Part B insulin is not an eligible exclusion for this measure). Note: Members who fill an insulin product at the start of the year and stop using insulin will not be excluded from the measure if they start taking an oral or injectable product later in the year.

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## Supporting medication adherence in diabetes (cont.)

### Why early adherence matters

Data shows that members who fall short of adherence goals often do so early in the measurement year. Short refill gaps, especially within the first 90-120 days, can make it harder for a patient to meet the 80% adherence target.

### Opportunities to reduce early gaps include:

- Reinforce that diabetes medications are typically long-term therapy, even when A1c improves
- Ask patients about medication side effects or barriers to use and make clinically appropriate adjustments to improve tolerability and adherence. If a medication dose or therapy is changed, submit an updated prescription to the pharmacy to avoid treatment gaps
- Consider cost. Brand-name diabetes medications may have higher copays or cost-sharing that can limit affordability and contribute to nonadherence. When appropriate, review and consider lower-cost or formulary-preferred alternatives
- Following up with patients early after a new start or therapy change

### A note about GLP 1 and SGLT2 medications

GLP 1 receptor agonists and SGLT2 inhibitors are included in the diabetes adherence measure regardless of indication, and follow the same refill based requirements as oral agents. Effective January 2026, Medicare drug price negotiations lowered costs for select SGLT2 inhibitors—such as Jardiance® and Farxiga®—which may help reduce cost related barriers for some patients.

### Tips to support patient adherence

- Continue to discuss the importance of taking medications as prescribed with your patients
- Encourage patients to fill prescriptions using their Priority Health Part D benefit. *Patients must use their Priority Health pharmacy benefit for prescription fills, as gap closure is based on processed pharmacy claims*
- Prescribe extended fills when appropriate
  - Tier 1 medications are \$0 for 100-day supply at preferred retail and mail-order pharmacies
- ACNs can use their bi-monthly medication adherence reports to help identify members at risk of non-adherence to support timely intervention
- Refer to our [Medication Adherence Provider Tipsheet](#) for additional adherence measure(s) details

## Pharmacy measure spotlight: Statin Use in Persons with Diabetes (SUPD)

SUPD is a Medicare Stars pharmacy measure that evaluates whether eligible members with diabetes are dispensed **at least one statin prescription** using their Priority Health pharmacy benefit during the measurement year.

### How providers can help close the gap

- **Identify eligible patients**  
Medicare members **ages 40–75** taking diabetes medications generally meet SUPD criteria and should be prescribed a statin, **unless a documented clinical exception exists**
- You can use your **monthly Provider Incentive Program (PIP) Medicare Part D reports** to identify members who need:
  - A statin prescription, **or**
  - A qualifying exclusion submitted

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## Pharmacy measure spotlight: Statin Use in Persons with Diabetes (cont.)

- **Prescribe a statin when clinically appropriate**

Review medication lists at every visit. To meet the SUPD measure, members must fill at least one statin prescription (any dose or strength) using their Priority Health Part D benefit by Dec. 31, 2026

- **Address adherence barriers**

Discuss common challenges such as **side effects, medication costs and transportation issues:**

- Most statins are covered as a Tier 1 medication with no out-of-pocket costs for the patient. Many of our Medicare members are eligible for **100-day supplies** of their medication through [preferred retail and preferred mail-order pharmacies](#). See our [Approved Drug List](#) for information
- To support access to care, D-SNP Medicare members can receive [transportation assistance](#) to and from doctor appointments and pharmacy visits through SafeRide

- **Submit an SUPD Exclusion**

If a patient cannot tolerate statin therapy or has another qualifying condition, an exclusion must be **submitted annually via claims** to remove the member from the SUPD denominator

- **Important reminder:** In some EHRs, ICD-10 **Z78.9** may display as “*Statin Intolerance*”. **This is not a CMS-approved SUPD exclusion code.** Z78.9 officially maps to “*Other specified health status*”. [Visit our SUPD tipsheet](#) for a full list of approved exclusions and their associated codes

### Using Virtual Care to Submit an Exclusion

Virtual visits may be used to **confirm and document** a qualifying exclusion. To submit:

- Bill **HCPCS G9781** for **\$0.01**
- Attach the appropriate CMS-approved **ICD-10 code**

This will remove the patient from the SUPD measure.

### Want more info?

Refer to our [Statin Use in Persons with Diabetes \(SUPD\) Provider Tip Sheet](#) for complete guidance and exclusions.

**>>> Continue to the next page for quarter 2 Medicaid Quality updates.**

## Medicaid members can earn an incentive for completing a blood lead screening

Beginning April 1, our Medicaid members can now earn a \$20 reward for completing a blood lead screening. This incentive is designed to encourage timely screening and motivate families to stay on track with recommended preventive

## Promoting Hepatitis awareness

**May is Hepatitis Awareness Month and May 19 is National Hepatitis Testing Day.** Providers play a critical role in helping to prevent and treat hepatitis by having conversations with patients about transmission, prevention, screening and treatment—and by ensuring recommended screenings are offered and completed. Hepatitis C screenings are fully covered for our members.

## Using CPT code 96110 to close the gap in developmental screenings

Our recent review of Medicaid members who completed well-child visits found that approximately 62% of well-child visit claims were missing the billed developmental screening code 96110, indicating a meaningful gap in documented developmental screening. **The gap is most pronounced in the earliest visits:**

- **Birth–15 months:** Approximately 76% of claims missing 96110
- **15–30 months:** Approximately 52% of claims missing 96110

To ensure accuracy in provider reimbursement and to provide an accurate depiction of encounters and patient health, be sure to document and code visits to the highest level of specificity. This supports accurate payments, quality reporting and compliance with guidelines from the Michigan Department of Health and Human Services (MDHHS).

### Tips for performing and documenting developmental screenings

- Embed a standardized developmental screening tool into your well-child workflow (e.g., at check-in or rooming)
- Use EHR prompts or templates to ensure screening results are documented in structured fields
- When a standardized screening is completed, bill CPT 96110 to ensure the service is reflected in claims and quality measurement

## Helping families stay on track with preventive care

To support timely completion of pediatric preventive services, we're reaching out to members early in the year to encourage scheduling of important care. Early outreach will center around helping families prioritize well-child visits, lead screenings and immunizations; all key services that support healthy growth and development. Families may be contacted through a variety of outreach methods, including:

- Phone calls
- Text messages
- Emails
- Postcards
- Home visits by Community Health Workers (CHWs)

Our goal is to make it easier for members to stay up to date with preventive care while supporting providers in their continued efforts to improve the health of patients and the communities they serve.

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## Select provider offices are eligible for free lead testing machines through MDHHS

MDHHS is offering eligible pediatric providers a free LeadCare II Analyzer and testing kits to improve access to lead testing in regions they've identified as high risk for lead poisoning. You can sign up using [this form](#). **More information is provided in MDHHS' [LeadCare II Project Provider Letter](#).**

## Michigan Tobacco Quitlink: A tool to help reduce tobacco use and vaping

As smoking and vaping continues to rise across Michigan, we're partnering with [Michigan Tobacco Quitlink](#) to help reduce nicotine use among adults, pregnant individuals and adolescents.

Quitlink offers comprehensive, covered tobacco cessation programs and resources designed to meet patients' needs, including:

- Individualized coaching
- Nicotine replacement therapy (NRT)
- Culturally responsive support
- Youth focused services

Referrals can be submitted via EMR (preferred), fax or a secure, web-based referral form. We encourage providers to continue conversations about tobacco cessation and refer patients to Quitlink for personalized support in quitting smoking or vaping.

## Resources for talking PrEP with your patients

The Michigan Department of Health and Human Services (MDHHS) is working to increase awareness and use of [Pre-Exposure Prophylaxis \(PrEP\)](#) to help reduce the risk of HIV transmission, particularly among high-risk populations.

According to a systemic review of various provider surveys, many clinicians feel they would benefit from additional education on PrEP protocols, counseling and referral workflows. **Providers are encouraged to take advantage of the following MDHHS HIV/STI and PrEP training resources:**

- Year-round on-demand trainings offering continuing education (CE) credits and focusing on counseling, testing and referrals
- Consultations with other health care providers about HIV-related issues
- CDC guidelines for prescribing PrEP
- PrEP brochures and handouts

Providers who prescribe PrEP or offer HIV/STI services are encouraged to register themselves or their practice with *MI 2-1-1* to improve visibility and access to care for patients seeking these services. Additional information and access to MDHHS training resources, provider tools and HIV prevention guidance are available on [Michigan.gov](#).

## Stay connected with Quality

### The Quarterly Quality Newsletter

This newsletter is included in our Provider Quarterly Newsletter and is sent to all prism users who've opted into receiving communication from Priority Health. You can find past Provider and Quality newsletters in our [newsletter archive](#).

### Quality Provider Webinars

2026 provider webinars can be found on [our website](#). Register for upcoming webinars or stream past webinars on demand.

### Contact us

Questions about HEDIS? Email [HEDIS@priorityhealth.com](mailto:HEDIS@priorityhealth.com)

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