

## Summary of Approved Measure Set for Measurement Year 2026

### **(A) Core Measurement Set Measures**

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Hospital Utilization; 3) Primary Care Utilization; and 4) Patient Experience. Individual measure values will be assigned to the final and approved measurement set.

#### Key:

New Measure || Change to Measure Design || ~~Measure removed~~

2025 Measures	2026 Recommendations
<b>Clinical Domain</b>	
<p><b>Family Medicine:</b></p> <ol style="list-style-type: none"> <li>Breast Cancer Screening (52-74yo)</li> <li>Breast Cancer Screening (40-51yo) - <b>Monitoring</b></li> <li>Cervical Cancer Screening</li> <li>Child and Adolescent Well Care Visits</li> <li>Childhood Immunization Status: Combo 10</li> <li>Colorectal Cancer Screening</li> <li>Comprehensive Diabetes Care: HbA1c Control</li> <li>Comprehensive Diabetes Care: Eye Exams</li> <li>Controlling High Blood Pressure</li> <li>Immunizations for Adolescents – Combo 2</li> <li>Well-Child Visits in the First 15 Months of Life</li> <li>Lead Screening in Children</li> <li>Chlamydia Screening in Women (both age groups: 16-24yo) – <b>Monitoring</b></li> <li>Well-Child Visits in the first 15-30 months of life – <b>Monitoring</b></li> <li>Topical fluoride in Children – <b>Monitoring</b></li> <li>Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> </ol>	<p><b>Family Medicine:</b></p> <ol style="list-style-type: none"> <li><b>Breast Cancer Screening (40-74yo)</b></li> <li>Cervical Cancer Screening</li> <li>Child and Adolescent Well Care Visits</li> <li>Childhood Immunization Status: Combo 10</li> <li>Colorectal Cancer Screening</li> <li>Comprehensive Diabetes Care: HbA1c Control</li> <li>Comprehensive Diabetes Care: Eye Exams</li> <li>Controlling High Blood Pressure</li> <li>Immunizations for Adolescents – Combo 2</li> <li>Well-Child Visits in the First 15 Months of Life</li> <li>Lead Screening in Children</li> <li><b>Chlamydia Screening in Women (16-24yo)</b></li> <li>Well-Child Visits in the first 15-30 months of life – <b>Monitoring</b></li> <li>Topical fluoride in Children – <b>Monitoring</b></li> <li>Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> <li><b>Kidney Health Evaluation for Patients with Diabetes</b></li> </ol>
<b>Clinical Domain</b>	
<p><b>Internal Medicine:</b></p> <ol style="list-style-type: none"> <li>Breast Cancer Screening (52-74yo)</li> <li>Breast Cancer Screening (40-51yo) - <b>Monitoring</b></li> </ol>	<p><b>Internal Medicine:</b></p> <ol style="list-style-type: none"> <li><b>Breast Cancer Screening (40-74yo)</b></li> <li>Cervical Cancer Screening</li> <li>Colorectal Cancer Screening</li> </ol>

<ul style="list-style-type: none"> <li>3. Cervical Cancer Screening</li> <li>4. Colorectal Cancer Screening</li> <li>5. Comprehensive Diabetes Care: HbA1c Control</li> <li>6. Controlling High Blood Pressure</li> <li>7. Diabetes Management: Eye Exams</li> <li>8. Chlamydia Screening in Women (21-24yo) - <b>Monitoring</b></li> <li>9. Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> </ul>	<ul style="list-style-type: none"> <li>4. Comprehensive Diabetes Care: HbA1c Control</li> <li>5. Controlling High Blood Pressure</li> <li>6. Diabetes Management: Eye Exams</li> <li>7. <b>Chlamydia Screening in Women (21-24yo)</b></li> <li>8. Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> <li>9. <b>Kidney Health Evaluation for Patients with Diabetes</b></li> </ul>
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<b>Clinical Domain</b>
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<p><b>Pediatric Medicine:</b></p> <ul style="list-style-type: none"> <li>1. Child and Adolescent Well Care Visits</li> <li>2. Childhood Immunization Status: Combo 10</li> <li>3. Immunizations for Adolescents – Combo 2</li> <li>4. Well-Child Visits in the First 15 Months of Life</li> <li>5. Lead Screening in Children</li> <li>6. Chlamydia Screening in Women (16-20yo)</li> <li>7. Well-Child Visits in the first 15-30 months of life</li> <li>8. Topical fluoride in Children - <b>Monitoring</b></li> <li>9. Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> </ul>	<p><b>Pediatric Medicine:</b></p> <ul style="list-style-type: none"> <li>1. Child and Adolescent Well Care Visits</li> <li>2. Childhood Immunization Status: Combo 10</li> <li>3. Immunizations for Adolescents – Combo 2</li> <li>4. Well-Child Visits in the First 15 Months of Life</li> <li>5. Lead Screening in Children</li> <li>6. Chlamydia Screening in Women (16-20yo)</li> <li>7. Well-Child Visits in the first 15-30 months of life</li> <li>8. Topical fluoride in Children - <b>Monitoring</b></li> <li>9. Reducing Healthcare Disparity (<b>Participation is Optional</b>)</li> </ul>
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<b>Hospital Utilization</b>
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<p><b>Family Medicine &amp; Internal Medicine:</b></p> <ul style="list-style-type: none"> <li>1. Ambulatory Care Sensitive Admissions</li> <li>2. Follow-up within 7 days after Hospital Discharge</li> </ul>	<p><b>Family Medicine &amp; Internal Medicine:</b></p> <ul style="list-style-type: none"> <li>1. Ambulatory Care Sensitive Admissions</li> <li>2. Follow-up within 7 days after Hospital Discharge</li> </ul>
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<b>Primary Care Utilization</b>
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<p><b>All Practice Types:</b></p> <ul style="list-style-type: none"> <li>1. Avoidable ED Visits</li> <li>2. PCP Office Visits</li> </ul>	<p><b>All Practice Types:</b></p> <ul style="list-style-type: none"> <li>1. Avoidable ED Visits</li> <li>2. PCP Office Visits</li> </ul>
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<b>Patient Experience</b>
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<p><b>All Practice Types:</b></p> <ul style="list-style-type: none"> <li>1. Patient Experience</li> </ul>	<p><b>All Practice Types:</b></p> <ul style="list-style-type: none"> <li>1. Patient Experience</li> </ul>
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**(B) Unit of Service Measures**

Providers receive payment for each unit of service they provide.

Unit of Service	
<p><b>All Practice Types:</b></p> <ol style="list-style-type: none"> <li>1. Advance Care Planning Attestations</li> <li>2. Extended Office Hours</li> <li>3. PCMH Certification</li> <li>4. Peer-led &amp; Pediatric Group Visits</li> <li>5. Health Information Exchange</li> <li>6. Health Equity</li> <li>7. Tobacco Use Screening</li> <li>8. Electronic Clinical Data Systems (ECDS)</li> <li>9. Academic Detailing</li> </ol>	<p><b>All Practice Types:</b></p> <ol style="list-style-type: none"> <li>1. Advance Care Planning Attestations</li> <li>2. Extended Office Hours</li> <li>3. PCMH Certification</li> <li>4. Peer-led &amp; Pediatric Group Visits</li> <li>5. Health Information Exchange</li> <li>6. Health Equity</li> <li>7. Tobacco Use Screening</li> <li>8. Electronic Clinical Data Systems (ECDS)</li> <li>9. Academic Detailing</li> </ol>
Unit of Service	
<p><b>Family &amp; Pediatric Medicine:</b></p> <ol style="list-style-type: none"> <li>1. Early Administration of the 1<sup>st</sup> HPV Dose</li> <li>2. Early Administration of Flu Initiation and Booster Doses</li> </ol>	<p><b>Family &amp; Pediatric Medicine:</b></p> <ol style="list-style-type: none"> <li><del>1. Early Administration of the 1<sup>st</sup> HPV Dose</del></li> <li><del>2. Early Administration of Flu Initiation and Booster Doses</del></li> </ol>

**Programmatic Changes:**

**I. Descriptions of 2026 Measure Changes for Core Measurement Set**

**A. Change(s) to Existing Measures – Core Measurement Set**

**I. Breast Cancer Screening (40-74yo) - Family Practice & Internal Medicine**

**Measure Change:** In MY2025, a separate Breast Cancer Screening measure specific to the age population of 40-51yo was created and implemented as a monitoring measure. This was to allow an adjustment period for members and providers to “get caught up” on screening in this eligible population with the anticipation of this population being combined into one measure with 52-74yo population as an active MY2026 core measure for the combined population of 40-74yo.

**Measure Rationale:** In April 2024, the US Preventive Services Task Force (USPSTF) published updated guidance on screening for breast cancer. The new recommendation is that all persons assigned as female at birth should be screened for breast cancer every other year beginning at age 40 and continuing through 74 years of age. (The previous recommendation was to begin screening at age 50 years). According to the USPTF report, more women in their 40s are getting breast cancer, with rates increasing by about

2% per year. Initiating screening at age 40 years could save about 20% more lives from breast cancer overall. Additional data suggests that this change could have an even greater effect on the Black population, saving up to 40% more lives in this demographic (USPSTF Bulletin April 30, 2024).

## II. **Chlamydia Screening (Family Practice:16-24yo, Internal Medicine: 21-24yo, Pediatrics: 16-20yo)**

**Measure change:** In MY2025, Chlamydia Screening measure was implemented as active measure for pediatric practices only and a monitoring measure for both family and internal medicine practices. This was to allow an adjustment period for family and internal medicine practices, who have a larger measure set than pediatric practices, with the anticipation of this measure moving to an active measure in MY2026. With implementation during MY2026, there are no changes to the denominator/numerator logic.

**Measure Rationale:** The National Committee for Quality Assurance (NCQA) highlights the importance of screening for Chlamydia among youths, ages 16-24 years, assigned female at birth or identifying as female. They provide the following rationale: “Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females. Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV”. Chlamydia infections can be asymptomatic in more than 75% of cases, with longer term infections increasing the risk for complications. Screening and treatment are both easy, inexpensive and well tolerated. (NCQA HEDIS® Measures and Technical Resources – Chlamydia Screening in Women)

### B. Addition(s) as New Measure(s) – Core Measurement Set

#### I. **Kidney Health Evaluation for Patients with Diabetes (Family Practice & Internal Medicine)**

**Measure Rationale:** Chronic kidney disease (CKD) is a common and serious complication of diabetes, affecting up to 40% of adults with the condition. Diabetes also contributes to higher rates of cardiovascular events, kidney disease or failure, and even early mortality. The Kidney Health Evaluation for Patients with Diabetes (KED) measure promotes early detection in adults aged 18-85 with type 1 or type 2 diabetes who received

a kidney health evaluation during the measurement year and incentivizes intervention by ensuring patients receive both an estimated glomerular filtration rate (eGFR) **and** urine albumin-to-creatinine ratio (uACR) annually. Despite strong evidence and clear clinical guidelines, fewer than half of adults with diabetes receive both tests each year, highlighting a significant care gap. According to The National Committee for Quality Assurance, “Diabetic kidney disease is one of the most common adverse outcomes of diabetes, affecting 20%–40% of patients with diabetes. CDC simulation studies showed that uACR screening for early detection of CKD was cost-effective in patients with diabetes, at \$50 thousand per quality-adjusted life-year.” Adoption of this measure drives an evidence-based and cost-effective practice which supports better long-term outcomes for patients with diabetes. (NCQA, State of Health Care Quality Report – Kidney Health Evaluation for Patient with Diabetes)

## II. Descriptions of 2026 Measure Changes for Unit of Service Measurement Set

### A. Change(s) to Existing Measures – Unit of Service

#### I. Retirement of the Early Administration of the 1<sup>st</sup> HPV Dose

**Rationale:** Prior analysis of the Adolescent Immunization Series found that HPV was the most commonly missed immunization in the adolescent series. This resulted in a majority of adolescents not meeting the measure requirements. Partnership offered an incentive for early administration of the 1<sup>st</sup> HPV dose for adolescents ages of 9-12 years with the intent to increase the HPV vaccine completion rates. When evaluating the effectiveness of this unit of service measure, there was no discernable difference in the completion rates of early administration of 1<sup>st</sup> or 2<sup>nd</sup> HPV dose when incentivized. Therefore, Partnership has chosen to retire this measure.

#### II. Retirement of the Early Administration of Initial Flu Vaccine Series

**Rationale:** Prior analysis of the Childhood Immunization Series found that Initial Flu Vaccine series was the most commonly missed vaccines of the entire immunization series. This resulted in a majority of children aging out of the measure before receiving their entire immunization series, therefore not meeting the measure. Partnership offered an incentive for early administration of initial flu

vaccine Series in children ages of 7 to 15 months with the intent to increase the flu administration rates. When evaluating the effectiveness of this unit of service measure, there was no discernable difference in the completion rates of early administration of initial flu vaccine series. Therefore, Partnership has chosen to retire this measure.

B. Addition(s) as New Measure(s) – Unit of Service

N/A