



Quality Performance Initiative  
Measurement Year 2025

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# Program Description

The Quality Performance Initiative (QPI) is designed to ensure and assist all IPA providers in the delivery of quality care. Quality care is defined as patients receiving the appropriate care at the appropriate time as defined by national standards. Quality care is not accomplished independently but instead involves a partnership among patients, providers, health plans and Santé’s Quality department.

The quality measures used in the program are designed to:

- Quantify performance in a value-based health care environment
- Quantify how providers and patients are managing their health
  - Measure preventative health services
  - Measure management of chronic illness, utilization of services, access to care, and demographics

Santé’s Quality Performance Initiative is part of California’s Align. Measure. Perform. (AMP) program created by the Integrated Healthcare Association (IHA) which sets the program criteria in alignment with the National Committee for Quality Assurance (NCQA) standards.

All HMO primary care providers affiliated with Santé IPA participate in the AMP program. PCP participation and results may generate incentives from the health plans which are passed on to participating providers as well as benchmarking the publicly-reported results.

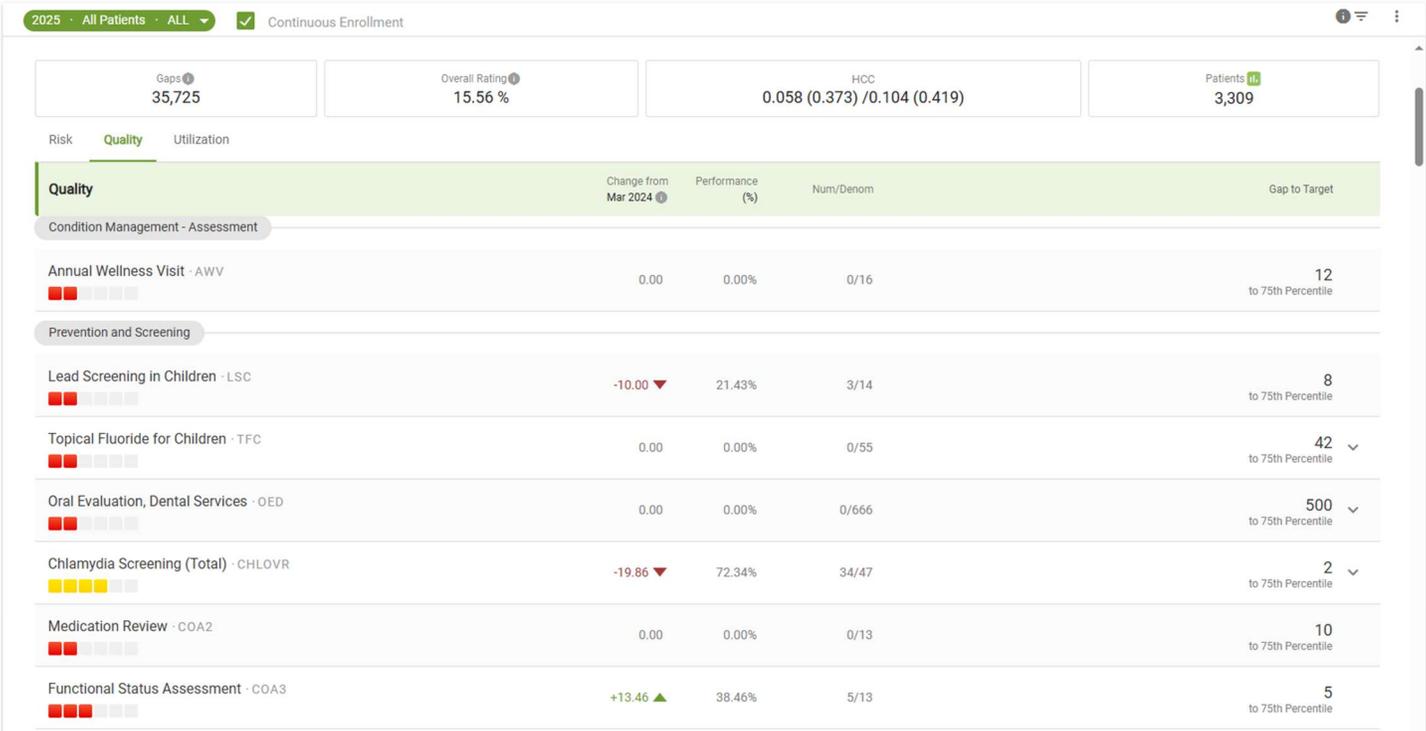
To assist all PCPs in maximizing program participation, Santé is offering Cozeva for free. Cozeva is a new portal available to view patient data on quality measures and Medicare Risk Adjust Factor (RAF). The use of this portal will save clinic staff time and offer them the ability to access patient data such as care gaps and/or identify patients without an office visit in 2025.

Santé will continue to support its PCPs with this program to achieve the following goals:

- 
- Ease of program clarity,
- Increase provider and clinic staff engagement,
- Ease burden of program management on clinic staff resources,
- Improve provider scores of closed quality care gaps,
- Align with health plan initiatives, and
- Increase overall IPA gap closure rates.

Program Criteria	
<b>Patient Population</b>	Commercial HMO & Medicare Advantage
<b>Provider Status</b>	Capitated or Fee for Service <ul style="list-style-type: none"> <li>▪ Family Practice</li> <li>▪ Internal Medicine</li> <li>▪ Pediatrics</li> </ul>
	If an incentive payment is distributed PCP must be an active IPA provider at time of distribution
<b>Patient Assignment</b>	Minimum of one assigned patient meeting a quality measure’s eligibility requirements (i.e., age, diagnosis, etc.)
<b>Timeline</b>	<ul style="list-style-type: none"> <li>▪ Dates of Service: January – December 2025</li> <li>▪ Final 2025 Encounter Submission Due: January 25, 2026</li> </ul>

# Cozeva Scorecard Sample



# Care Gap Report Sample

All information noted on this page is fictitious

Milagro, Lakeisha   ALL (2025) -- Report generated 03/20/2025									
Patient	DOB	Age	Sex	MembrID	Phone	Address	LOB	Eye Exam	Glycemic Status Assessment for Patients With Diabetes (Glycemic Status <8.0%)
Tiffanie, Bobbye	7/8/1962	62	F	74345	116-102-0134	68 Wentworth Dr., Rockville Centre, CA, 90660	Medicaid Low Income HMO	Non Compliant	Non Compliant
Meaghan, Pedro	8/4/1986	38	F	135055	152-778-2905	77 Mayfield Street, Battle Ground, CA, 43110	Medicaid Low Income HMO	Non Compliant	Compliant
Kandy, Glen	7/28/1984	40	M	148277	193-810-2371	628 Park St., Buffalo, CA, 07002	Medicaid Low Income HMO	Non Compliant	Non Compliant
Moon, Alphonso	5/20/1981	43	F	150735	167-422-0849	874 Armstrong St., Hollywood, CA, 30052	Medicaid Low Income HMO	Non Compliant	Non Compliant
Krystal, Ginger	12/23/1979	45	M	153298	155-868-6556	30 North Second Dr., Madisonville, CA, 85326	Medicaid Low Income HMO	Compliant	Compliant
Sean, Dick	8/30/2004	20	F	162313	198-343-7222	7310 Manor Station Lane, Massillon, CA, 19454	Medicaid Low Income HMO	Non Compliant	Non Compliant
Soraya, Lewis	7/16/1969	55	F	162806	154-910-9107	8305 Harrison St., Santa Monica, CA, 95014	Medicaid Low Income HMO	Non Compliant	Non Compliant
Irma, Tiffani	1/19/1972	53	F	171803	140-800-7631	332 Nicolls Street, Bowling Green, CA, 37876	Medicaid Low Income HMO	Non Compliant	Non Compliant
Candice, Vannessa	1/8/1977	48	F	196173	135-008-9511	79 Green Lake St., Glen Allen, CA, 15146	Medicaid Low Income HMO	Non Compliant	Non Compliant
Brian, Taylor	6/26/1985	39	F	203272	125-139-9352	7760 N. Front Ave., Northville, CA, 34203	Medicaid Low Income HMO	Non Compliant	Non Compliant
Chang, Jenise	6/26/1963	61	M	210049	154-032-5197	956 Blackburn St., Morton Grove, CA, 08080	Medicaid Low Income HMO	Non Compliant	Non Compliant
Ericka, Elia	9/18/1970	54	F	214766	123-854-5737	536 Thompson Drive, Ooltewah, CA, 33713	Medicaid Low Income HMO	Compliant	Non Compliant
Magdalena, Emil	10/21/1966	58	F	220362	178-033-7904	69 W. Dunbar Ave., Rockaway, CA, 91768	Medicaid Low Income HMO	Non Compliant	Non Compliant
Elisa, Nicole	3/11/1971	54	F	233760	168-770-7654	187 East Railroad St., Rowlett, CA, 98801	Medicaid Low Income HMO	Compliant	Non Compliant
Albertine, Lu	11/14/1976	48	M	235400	134-290-3954	869 Redwood Street, Auburndale, CA, 48439	Medicaid Low Income HMO	Compliant	Non Compliant
Luke, Jeniffer	3/18/1979	46	M	235901	107-979-6825	7108 Harrison Street, Fairborn, CA, 55912	Medicaid Low Income HMO	Non Compliant	Non Compliant
Ashlie, Alisha	10/6/1979	45	M	243556	115-722-1529	254 Westport Lane, Chicago, CA, 21244	Medicaid Low Income HMO	Non Compliant	Non Compliant
Socorro, Nannette	2/16/1962	63	F	244496	131-687-4757	6 State Rd., Lewis Center, CA, 22630	Medicaid Low Income HMO	Non Compliant	Non Compliant
Heidy, Karla	3/25/1966	58	F	244632	188-981-2332	76 Green Lake St., Lynwood, CA, 02740	Medicaid Low Income HMO	Non Compliant	Compliant
Belen, Tiffaney	5/28/1975	49	M	245193	156-880-6920	194 North Illinois St., Englewood, CA, 39208	Medicaid Low Income HMO	Non Compliant	Compliant
Reiko, Carrol	8/9/1975	49	M	277846	167-750-7126	9351 West Prince Lane, Saratoga Springs, CA, 47130	Medicaid Low Income HMO	Compliant	Non Compliant
Shauna, Jordan	8/23/1962	62	F	280612	198-205-0399	41 Church St., Battle Ground, CA, 48348	Medicaid Dual Eligible HMO	Compliant	Non Compliant
Becky, Andree	8/19/1967	57	M	283021	100-525-6023	52 Heather St., Baltimore, CA, 60120	Medicaid Low Income HMO	Non Compliant	Non Compliant
Thuy, Terry	10/25/1990	34	F	297263	162-576-0020	34 Division St., Pasadena, CA, 34232	Medicaid Low Income HMO	Non Compliant	Non Compliant
Harland, Catalina	9/23/1995	29	F	305485	127-656-4509	9930 Pacific Dr., North Canton, CA, 93309	Medicaid Low Income HMO	Non Compliant	Compliant
Paris, Layla	5/2/1961	63	F	344600	133-288-4403	725 Arrowhead Road, Egg Harbor Township, CA, 98512	Medicaid Low Income HMO	Non Compliant	Non Compliant
Warren, Joe	4/29/1961	63	M	354505	145-930-2713	304 Sugar Lane, Grand Forks, CA, 21401	Medicaid Low Income HMO	Non Compliant	Non Compliant
Ela, Clark	1/28/1993	32	F	378439	166-364-8061	9362 East Main Ave., Downingtown, CA, 01867	Medicaid Low Income HMO	Non Compliant	Non Compliant
Cyrstal, Courtney	7/19/1962	62	F	379135	184-831-6121	8309 Bayberry St., Adrian, CA, 28348	Medicaid Dual Eligible HMO	Non Compliant	Non Compliant
Evelyne, Colin	8/12/1963	61	F	426267	174-640-9512	89 State Street, Hialeah, CA, 29803	Medicaid Low Income HMO	Non Compliant	Compliant
Collin, Yetta	11/17/1960	64	F	430895	125-180-1325	9382 York Lane, Anchorage, CA, 16601	Medicaid Low Income HMO	Non Compliant	Compliant

# Medicare Advantage STARS Measures Summary

2025 Measure	Demographic	Compliance Components
BCS Breast Cancer Screening	Female Age: 50 - 74	Evidence of: <ul style="list-style-type: none"> <li>One or more mammograms between 2024 – 2025</li> </ul>
COL-E Colorectal Cancer Screening	Age: 45 - 75	Most recent evidence of: <ul style="list-style-type: none"> <li>FOBT- lab result during 2025</li> <li>FIT-DNA test result between 2023 – 2025</li> <li>Colonoscopy report between 2016 – 2025</li> <li>Flexible sigmoidoscopy report between 2021 – 2025</li> <li>CT colonography between 2021 – 2025</li> </ul>
OMW Osteoporosis Management	Female Age: 67 - 85	Within 6-months of a fracture evidence of: <ul style="list-style-type: none"> <li>BMD (Bone Mineral Density) test</li> <li>Received osteoporosis therapy</li> <li>A dispensed prescription to treat osteoporosis (see medication table on page 17)</li> </ul>
CBP Controlling High Blood Pressure	Age: 18 - 85	Evidence of the most recent blood pressure (BP) during 2025: <ul style="list-style-type: none"> <li>BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2025</li> </ul>
EED Eye Exam for Patients with Diabetes	Age: 18 - 75	Evidence of: <ul style="list-style-type: none"> <li>Retinal/dilated eye exam by an eye care professional during 2025 <b>or</b></li> <li>Negative retinal/dilated eye exam by an eye care professional between 2024 – 2025</li> </ul>
GSD Glycemic Status Assessment < 9% for Patients with Diabetes	Age: 18 - 75	During 2025, evidence of: <ul style="list-style-type: none"> <li>Most recent HbA1c or glucose management indicator (GMI) test with a value less than 9.0</li> </ul>
KED Kidney Health Evaluation in Patients with Diabetes	Age: 18 - 85	During 2025, evidence of: <ul style="list-style-type: none"> <li>eGFR <b>and</b></li> <li>uACR <b>or</b></li> <li>Quantitative Urine Albumin Test <b>and</b> Urine Creatinine Test (four days or less apart)</li> </ul>
TRC Transition of Care Medication Reconciliation Post-Discharge	Age: 18+	During 2025, at discharge, evidence of: <ul style="list-style-type: none"> <li>Medication reconciliation <b>or</b></li> <li>Medication list</li> </ul> <b>Must submit CPT II code 1111F</b>
SPC Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none"> <li>Males <ul style="list-style-type: none"> <li>Age: 21–75</li> </ul> </li> <li>Females <ul style="list-style-type: none"> <li>Age: 40–75</li> </ul> </li> </ul>	Identified as having atherosclerotic cardiovascular disease (ASCVD) During 2025: <ul style="list-style-type: none"> <li><b>Received Statin Therapy.</b> Patients who were dispensed at least one high-intensity or moderate-intensity statin medication.</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><b>Statin Adherence 80%.</b> Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul>
SUPD Statin Use in Persons with Diabetes	<ul style="list-style-type: none"> <li>Age: 40 – 75</li> </ul>	During 2025: <ul style="list-style-type: none"> <li>Dispensed at least two medications for diabetes and received a statin medication or statin combination.</li> </ul>
PDC Proportion of Days Covered by Medications	<ul style="list-style-type: none"> <li>Age: 18+</li> </ul>	Met the proportion of days covered threshold of 80% for medications <ul style="list-style-type: none"> <li>Renin Angiotensin System (RAS) Antagonists</li> <li>Statin Medications</li> <li>Diabetes All-Class Medications</li> </ul>

# Commercial HMO Measures Summary

2025 Measure	Demographic	Compliance Components
BCS Breast Cancer Screening	Female Age: 50 - 74	Evidence of: <ul style="list-style-type: none"> <li>One or more mammograms between 2024 – 2025</li> </ul>
CCS Cervical Cancer Screening	Female Age: 21 - 64	Age: 21 – 64: <ul style="list-style-type: none"> <li>Cervical cytology between 2023 – 2025</li> </ul> Age: 30 – 64: <ul style="list-style-type: none"> <li>Cervical cytology/Cervical high-risk human papillomavirus (hrHPV) testing between 2021 – 2025</li> </ul>
COL Colorectal Cancer Screening	Age: 45 - 75	Evidence of: <ul style="list-style-type: none"> <li>FOBT- lab result during 2025</li> <li>FIT-DNA test result between 2023 – 2025</li> <li>Colonoscopy report between 2016 – 2025</li> <li>Flexible sigmoidoscopy report between 2021 – 2025</li> <li>CT colonography report between 2021 – 2025</li> </ul>
CBP Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2025: <ul style="list-style-type: none"> <li>BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in</li> </ul>
CHL Chlamydia Screening	Age: 16 - 24	Patients identified as sexually active by: <ul style="list-style-type: none"> <li>A birth control prescription <b>OR</b></li> <li>A pregnancy test</li> </ul>
EED Eye Exam for Patients with Diabetes	Age: 18 - 75	Evidence of Retinal Eye Exam: <ul style="list-style-type: none"> <li>Retinal/dilated eye exam by an eye care professional during 2025</li> <li>Negative retinal/dilated eye exam by an eye care professional between 2024 – 2025</li> </ul>
KED Kidney Health Evaluation in Patients with Diabetes	Age: 18 - 85	During 2025, evidence of: <ul style="list-style-type: none"> <li>eGFR <b>AND</b></li> <li>uACR <b>OR</b></li> <li>Quantitative Urine Albumin Test <b>AND</b> Urine Creatinine Test (four days or less apart)</li> </ul>
GSD Glycemic Status Assessment < 9% for Patients with Diabetes	Age: 18 - 75	During 2025, evidence of: <ul style="list-style-type: none"> <li>Most recent HbA1c or glucose management indicator (GMI) test with a value less than 9.0</li> </ul>
PPC Prenatal and Postpartum Care		<ul style="list-style-type: none"> <li>Prenatal care – Women who had a live birth and received a prenatal care visit in the first trimester</li> <li>Postpartum care – Women who had a live birth and had a postpartum visit on or between 7–84 days after delivery</li> </ul>
W30 Well-Child visits in the first 30 months of life	Age: 0 - 30 months	<ul style="list-style-type: none"> <li>Patients 0-15 months must have <b>six or more</b> Well-Child visits.</li> <li>Patients 15-30 months must have <b>two or more</b> Well-Child visits.</li> </ul>
WCV Child and Adolescent Well-Care Visit	Age: 3 – 21	Patients who had a comprehensive well-care visit with a PCP or an OB/GYN practitioner

# Pediatric Measures Summary

Compliance Components			
2025 Measure	Description	Dose Count	Demographic
CIS Childhood Immunization Status	<b>DTaP</b> Diphtheria, Tetanus, Acellular Pertussis	4	Birth – 2 <sup>nd</sup> birthday
	<b>HepB</b> Hepatitis B	3	
	<b>HiB</b> Hemophilus influenza type B	3	
	Influenza Flu	2	
	<b>IPV</b> Inactivated Poliovirus	3	
	<b>PCV</b> Pneumococcal Conjugate	4	
	Rotavirus	2 or 3	
	<b>MMR</b> Measles, Mumps, Rubella	1	1 <sup>st</sup> – 2 <sup>nd</sup> birthday
	<b>HepA</b> Hepatitis A	1	
	<b>VZV</b> Varicella Zoster	1	
Combo 10	All 10 vaccines above	24-25	Before 2 <sup>nd</sup> birthday
IMA Immunizations for Adolescents	Meningococcal	1	11 <sup>th</sup> – 13 <sup>th</sup> birthday
	<b>Tdap</b> Tetanus, Diphtheria, Acellular Pertussis	1	10 <sup>th</sup> – 13 <sup>th</sup> birthday
	HPV	2 or 3	9 <sup>th</sup> – 13 <sup>th</sup> birthday
Combo 2	Meningococcal, Tdap and HPV	4-5	Before 13 <sup>th</sup> birthday
CHL Chlamydia Screening	Chlamydia screening ages 16-24 were identified as sexually active by: <ul style="list-style-type: none"> <li>• Prescription for birth control <b>or</b></li> <li>• Pregnancy test</li> </ul>		Age: 16-24
W30 Well-Child Visits in the First 30 Months of Life	Well-Child Visits in the First 15 Months. <ul style="list-style-type: none"> <li>• <b>Must have six or more visits.</b></li> </ul> Well-Child Visits for Age 15 Months–30 Months. <ul style="list-style-type: none"> <li>• <b>Must have two or more visits.</b></li> </ul>	8+ Visits	Ages: 0 – 30 months
WCV Child and Adolescent Well-Care Visits	Patients 3-21 years of age who had a comprehensive well-care visit with a PCP or an OB/GYN practitioner	1 visit	Ages: 3 – 21 years

# Exclusion Guidelines

In certain circumstances, Exclusions can be used to remove patients from the measure or population. Some measures allow patients to be excluded if they are identified as having evidence of certain procedures or diagnoses (e.g., exclude a patient from the Cervical Cancer Screening measure who had evidence of a prior hysterectomy).

Each measure will have the valid exclusion noted in the Exclusion section of the measure’s description page.

<b>Cervical Cancer Screening (CCS)</b>	
Females 21-64 years of age who were screened for cervical cancer.	
<b>Population:</b> <ul style="list-style-type: none"><li>• Commercial HMO</li></ul>	<b>Exclusion:</b> <ul style="list-style-type: none"><li>• Evidence of prior hysterectomy</li></ul>
<b>Measure Compliance:</b>	

Only the exclusions listed in the measure description will be accepted as valid. The valid exclusions are defined by California’s AMP program. Santé does not establish the exclusion criteria. Qualifying exclusions are listed on each of the measure’s description page, beginning on page 13.

Most measures allow for exclusions for the following reasons:

1. Frailty and Advance Illness
  - a. Patients who are 66-80 years of age
  - b. At least 2 indications of Frailty **and**
  - c. Advanced Illness on two different dates of service **or** a dispensed dementia medication
2. Patients who die any time during the measurement year
3. Patients receiving palliative care any time during the measurement year
4. Patients who use hospice services or elect to use a hospice benefit any time during the measurement year

Please note the following situations do not qualify as valid exclusions, per program guidelines:

1. Patients who refuse services
2. Patient assignment – *Not our patient*
3. Referral generated

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any Exclusions that do not meet program guidelines will not be accepted and provider will be notified.

## AMP CPT Category II Codes

CPT II Code	Description	Criteria
3044F	For patients who have diabetes: most recent HbA1c is less than 7.0%	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Complete and document hemoglobin A1C results when less than 7.0%</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3044F</li> </ul>
3051F	For patients who have diabetes: most recent HbA1c is 7.0% - 7.9%	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Complete and document hemoglobin A1C results when greater than or equal to 7.0% or less than 8.0%</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3051F</li> </ul>
3052F	For patients who have diabetes: most recent HbA1c is 8.0% - 9.0%	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Complete and document hemoglobin A1C results when greater than or equal to 8.0% and less than or equal to 9.0%</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3052F</li> </ul>
3046F	For patients who have diabetes: most recent HbA1c is greater than 9.0%	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Complete and document hemoglobin A1C results when greater than 9.0%</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3046F</li> </ul>
3074F	Most recent systolic blood pressure is less than 130 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3074F</li> </ul>
3075F	Most recent systolic blood pressure is 130-139 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3075F</li> </ul>
3077F	Most recent systolic blood pressure is greater than or equal to 140 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3077F</li> </ul>
3078F	Most recent diastolic blood pressure is less than 80 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3078F</li> </ul>
3079F	Most recent diastolic blood pressure is 80 – 89 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3079F</li> </ul>
3080F	Most recent diastolic blood pressure is greater than or equal to 90 mm Hg	<ul style="list-style-type: none"> <li>● Complete an outpatient visit, telephone visit, e-visit or virtual check-in</li> <li>● Document the blood pressure and appropriate diagnosis in the medical record</li> <li>● On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3080F</li> </ul>

## Care for Older Adults (COA) CPT Category II Codes

CPT II Code	Description	Criteria
1125F	Care for Older Adults – Pain Assessment	● Pain severity quantified; pain present
1126F	Care for Older Adults – Pain Assessment	● Pain severity quantified; <b>no</b> pain present
1170F	Care for Older Adults - Functional Status Assessment	● A functional status assessment may be conducted with the member in various manners (phone, in person, virtually, etc.) and is not limited to being completed by clinicians.
1159F	Care for Older Adults – Medication List	● This code (medication list documented) must be submitted with 1160F (review of all medications by a prescribing practitioner or clinical pharmacist documented) on the same date of service.
1160F	Care for Older Adults – Medication Review	● This code (medication list documented) must be submitted with 1159F (review of all medications by a prescribing practitioner or clinical pharmacist documented) on the same date of service.

**Note:**

To close quality gap and receive incentive payment the submission must follow these rules per patient encounter:

- 1125F **or** 1126F
- 1159F **and** 1160F

## MY2025 Clinical Measures

### Breast Cancer Screening (BCS)

Females 50–74 years of age who had a mammogram to screen for breast cancer.

**Population:**

- Commercial HMO
- Medicare Advantage HMO

**Exclusion:**

- Evidence of prior bilateral mastectomy
- Unilateral mastectomy with bilateral modifier as bilateral mastectomy

**Measure Compliance:**

- Preventive screening to detect breast cancer in women within the last 2 years between 2024 – 2025.

**Helpful Tips:**

- All methods of mammograms qualify (screening, diagnostic, film, digital or digital breast tomosynthesis).
- Must be bilateral to close the gap.
- **Not Accepted:** MRIs, ultrasounds, or biopsies, these are performed in addition to mammogram.
- For incorrect gender and/or date of birth contact Quality.

### Colorectal Cancer Screening (COL-E)

Adults 45–75 years of age who had appropriate screening for colorectal cancer.

**Population:**

- Commercial HMO
- Medicare Advantage HMO

**Exclusion:**

- Current diagnosis of colorectal cancer
- Evidence of prior total colectomy

**Measure Compliance:**

One of the following screenings:

- **FOBT** Fecal occult blood test resulted in 2025.
- **FIT-DNA** test resulted within the last 3 years between 2023 - 2025.
- **Colonoscopy** within the last 10 years between 2016 - 2025.
- **Flexible sigmoidoscopy** within the last 5 years between 2021 - 2025.
- **CT colonography** within the last 5 years between 2021 - 2025.

## MY2025 Clinical Measures

### Controlling High Blood Pressure (CBP)

Patients 18–85 years of age who had a diagnosis of hypertension and whose Blood Pressure (BP) was adequately controlled, <140/90, during the measurement year.

**Population:**

- Commercial HMO
- Medicare Advantage HMO

**Measure Compliance:**

BP Control <140/90:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2025. The patient is compliant if BP is less than 140/90.

**Helpful Tips:**

Using CPT II codes will close the Blood Pressure Gap

Systolic Blood Pressure

- **3074F - Systolic blood pressure less than 130 mm Hg**
- **3075F - Systolic blood pressure is 130-139 mm Hg**
- **3077F - Systolic blood pressure is greater than or equal to 140 mm Hg**

Diastolic Blood Pressure

- **3078F - Diastolic blood pressure less than 80 mm Hg**
- **3079F - Diastolic blood pressure is 80-89 mm Hg**
- **3080F - Diastolic blood pressure is greater than or equal to 90 mm Hg**

- BP reading must occur on or after the date of the second diagnosis of hypertension.
- BP must have a corresponding outpatient claim to close the care gap.

### Cervical Cancer Screening (CCS)

Females 21-64 years of age who were screened for cervical cancer.

**Population:**

- Commercial HMO

**Exclusion:**

- Evidence of hysterectomy without residual cervix

**Measure Compliance:**

- 21-64 years of age who had cervical cytology performed within the last 3 years between 2023 - 2025.
- 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years and were 30 years or older on the date of the test, between 2021 – 2025.

**Helpful Tips:**

- For incorrect gender and/or date of birth contact Quality Management.

## MY2025 Clinical Measures

### Eye Exam for Patients with Diabetes (EED)

Patients 18–75 years of age with diabetes (type 1 or type 2) who had a dilated/retinal Eye Exam within current measurement year.

**Population:**

- Commercial HMO
- Medicare Advantage HMO

**Exclusion:**

- No diabetes diagnosis within 2024 - 2025

**Measure Compliance:**Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2025.
- **Negative retinal/dilated** eye exam by eye care professional within the last 2 years, between 2024 – 2025.

**Helpful Tips:**

- Santé Care Center eye exam can be used to close Diabetic Eye Exam gap. This applies to Health Net Medicare Advantage, and United Medicare Advantage patients only.

### Glycemic Status Assessment for Patients with Diabetes (GSD)

Patients 18–75 years of age with diabetes (type 1 or type 2) who had the following:  
HbA1c < 9% in current measurement year.

**Population:**

- Commercial HMO
- Medicare Advantage HMO

**Exclusion:**

- No diabetes diagnosis within 2024 - 2025

**Measure Compliance:**HbA1c Poor Control < 9%:

- HbA1c test during 2025 with a value less than 9.0

**Coding Tips:**

Using CPT II codes will close the HbA1c gap

**3044F** - HbA1c less than 7.0%

**3051F** - HbA1c is 7.0% - 7.9%

**3052F** - HbA1c is 8.0% - 9.0%

**3046F** - HbA1c is greater than 9.0%

# MY2025 Clinical Measures

## Kidney Health Evaluation in Patients with Diabetes (KED)

Patients 18 – 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated eGFR **and** a uACR during the measurement year.

### Population:

- Commercial HMO
- Medicare Advantage HMO

### Measure Compliance:

- One eGFR (Estimated Glomerular Filtration Rate) **and**
- uACR (Urine Albumin Creatinine Ratio) **or**
- **Both** a quantitative urine albumin test and a urine creatinine test with service dates four days apart.

## Osteoporosis Management in Women Who Had a Fracture (OMW)

Females 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 six months after the fracture.

### Population:

- Medicare Advantage HMO

### Measure Compliance:

Appropriate testing or treatment for osteoporosis after the fracture.

- A Bone Mineral Density test within the 6-month period after the fracture.
- Osteoporosis therapy/medication within the 6-month period after the fracture.

### Osteoporosis Medication List

Category	Therapy/Medication
Bisphosphonates	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Ibandronate</li> <li>• Risedronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Zoledronic acid</li> </ul>
Other agents	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> <li>• Raloxifene</li> <li>• Romosozumab</li> <li>• Teriparatide</li> </ul>

# MY2025 Clinical Measures

## Transition of Care Medication Reconciliation Post-Discharge (TRC)

Patients 18+ years of age with documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) within the measurement year.

**Population:**

- Medicare Advantage HMO

**Measure Compliance:**

- 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 days).
- Either of the following meet criteria:
  - Medication Reconciliation Encounter **or**
  - Medication List

**Helpful Tips:**

- Can be billed alone since a face-to-face visit is not required.

## Prenatal and Postpartum Care (PPC)

Percentage of deliveries of live birth current and previous year

**Population:**

- Commercial HMO

**Measure Compliance:**

- Timeliness of prenatal care – Percentage of women who had a live birth that received a prenatal care visit in the first trimester.
- Postpartum care – Percentage of women who had a live birth that had a postpartum visit

# MY2025 Clinical Measures

**Chlamydia Screening (CHL)**

Percentage of patients recommended for routine Chlamydia screening ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year.

**Population:**

- Commercial HMO

**Measure Compliance:**

- Chlamydia screening ages 16-24 were identified as sexually active by:  
Either a prescription for birth control or a pregnancy test

**Immunizations for Adolescents (IMA)**

Adolescents who had one dose of meningococcal conjugate vaccine (MCV), one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and 2 or 3 doses of the human papillomavirus (HPV) vaccines by their 13<sup>th</sup> birthday.

**Population:**

- Commercial HMO

**Measure Compliance:**

Completion of the following antigen or combination vaccine *on or before* the adolescent’s 13<sup>th</sup> birthday.

Measure	Dose Count	Age Range
Meningococcal	1	11 <sup>th</sup> – 13 <sup>th</sup> birthday
Tdap	1	10 <sup>th</sup> – 13 <sup>th</sup> birthday
HPV	2 or 3	9 <sup>th</sup> – 13 <sup>th</sup> birthday
Combo 2	4 or 5	By the 13 <sup>th</sup> birthday

# MY2025 Clinical Measures

## Child and Adolescent Well-Care Visits (WCV)

Patients 3-21 years of age who had at least one (1) comprehensive well care visit with a PCP or an OB/GYN practitioner in 2025.

### Population:

- Commercial HMO

### Measure Compliance:

Completion of a well-care visit in 2025 with a PCP or an OB/GYN.

### Helpful Tips:

- Visit must be billed on a claim.
- Example of CPT codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395

## Well-Child Visits in the First 30 Months of Life (W30)

Children who had well-child visits with a PCP during first 30 months of life.

### Population:

- Commercial HMO

### Measure Compliance:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year. Must have six or more visits.
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year. Must have two or more visits.

### Helpful Tips:

- Visit must be billed on a claim.
- Example of CPT codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461

# MY2025 CPT II HEDIS Measures

## Care for Older Adults (COA)

The purpose is to document the percentage of adults, 66 years and older, who had each of the following during the measurement year: Medication Review, Functional Assessment and Pain Assessment

### Population:

- Medicare Advantage HMO

### Exclusions:

Patients in hospice anytime during the measurement year.

### Measure Compliance:

Care for Older Adults (COA) – **Medication Review 1159F AND 1160F**

- Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner and the presence of a medication list in the medical record or transitional care management services in the measurement year.

Care for Older Adults (COA) – **Medication List 1159F**

- The 1159F code (medication list documented) must be submitted with 1160F (review of all medications by a prescribing practitioner or clinical pharmacist documented) on the same date of service.

Care for Older Adults (COA) – **Medication Review 1160F**

- The 1159F code (medication list documented) must be submitted with 1160F (review of all medications by a prescribing practitioner or clinical pharmacist documented) on the same date of service.

Care for Older Adults (COA) – **Functional Status Assessment 1170F**

- Percentage of adults 66 and older who had evidence of a functional status assessment in the measurement year.

Care for Older Adults (COA) – **Pain Assessment 1125F OR 1126F**

- Percentage of adults 66 and older who were assessed for pain in the measurement year.

Visits may be completed as:

- **face-to-face / in person**
- **e-visit / patient portal or online platform**
- **telehealth / Medicare Advantage only through September 2025**

### CPT II Codes:

- Medication list: 1159F
- Medication Review: 1160F
- Functional Status Assessment: 1170F
- Pain Assessment: 1125F, 1126F

# Frequently Asked Questions

## Care Gap Reports

**Q. Why does the care gap report include patients that have never been seen in our office?**

**A.** Patients that are assigned to you, by the health plan, will appear on your list whether or not the patient has been seen in your office. It is recommended to reach out to the patient to either ask them to make an appointment to establish care or to contact their health plan to be assigned to a new PCP. Until this is done patients will continue to appear on your care gap report .

**Q. How do I remove a patient from my care gap report that has been dismissed from our practice?**

**A.** Patients will remain assigned to the PCP until the patient contacts their health plan to be reassigned to a different PCP.

**Q. What if a patient is on the care gap report with wrong demographic data (gender, date of birth)?**

**A.** Contact Santé Quality Management department by email at [Quality@santehealth.net](mailto:Quality@santehealth.net) or call 559-228-4499, Option 2, to verify the health plan's data.

**Q. I ordered medications for my patients but they're still showing up on my care gap report. Why?**

- Your patient did not use their health plan pharmacy benefit to fill the medication.
- Your patient has not picked up their medication.
- Have a conversation with your patient about the importance of picking up their medication timely.
- The claim has not been processed timely or submitted to Santé timely.
- If eligible, have provider replace 90-day refill with a 100-day refill.

## CPT II Codes

**Q. What are CPT II Codes?**

**A.** Current Procedural Terminology (CPT) Category II codes are tracking codes that are used to report supplemental information for some HEDIS measures. They are non-reimbursable but may help reduce the burden on a provider office by reducing the number of medical record requests and the number of screening reminders from the health plans. They contain four (4) numerical digits followed by an "F" and can be found on pages 10-11 or the CPT codebook.

**Q. How do I submit a CPT II code?**

**A.** Include CPT II codes on your claim form in the procedure code field with a \$0 charge.

## Resources

**Q. Where can I get more information or training on the Quality program?**

**A.** Contact Santé Quality Management department by email at [Quality@santehealth.net](mailto:Quality@santehealth.net) or call 559-228-4499, Option 2.

## Resources

### **Santé Quality Management:**

- E-mail: [quality@santehealth.net](mailto:quality@santehealth.net)
- Phone: 559-228-4499, Option 2
- Fax: 833.728.0332

### **Website Provider Portal:**

[www.santephysicians.com](http://www.santephysicians.com)

### **Integrated Healthcare Association (IHA) Manual:**



<https://iha.org/wp-content/uploads/2024/01/MY-2025-Align.-Measure.-Perform.-AMP-Technical-Specifications- -2024-10-07.pdf>

### **Cozeva New User Request Form:**

Insert link here

### **Cozeva Website:**

<https://www.cozeva.com/user/login>