



CareOregon Primary Care Payment Model

2026 Provider Network Measures Manual

This document outlines measure specifications for the Primary Care Payment Model (PCPM) Program and is intended to serve as a companion to the PCPM Provider Guide.

This manual provides detailed descriptions of each measure, including its sponsoring organization (e.g., Oregon Health Authority), to support accurate reporting and analysis by provider data teams. Where available, links to sponsor specification sheets are included for reference. In the event of any discrepancies, this manual takes precedence.

Please email Payment Model for all PCPM program inquiries: paymentmodel@careoregon.org The centralized inbox serves as the primary channel for provider communications to ensure timely responses and optimal support.

Contents

Measures Summary	3
Measure Descriptions	5
Mandatory Measure	5
1. Primary Care Engagement.....	5
Priority Measures.....	7
2. Initiation of Substance Use Disorder (SUD) Treatment	7
3. Engagement of Substance Use Disorder (SUD) Treatment.....	8
4. Postpartum Care	10
5. Screening for Depression and Follow-up	12
6. Child Well-Care Visits.....	13
7. Child Fluoride Varnish	14
8. Child Social Emotional Issue-Focused Services.....	15
9. Childhood Immunizations.....	16
10. Adolescent Immunizations.....	18
11. Glycemic Status Assessment for Members with Diabetes	20
Additional Measures	21
12. Breast Cancer Screening.....	21
13. Colorectal Cancer Screening	22
14. Controlling High Blood Pressure.....	23
15. Child Lead Screening.....	25

Measures Summary

Mandatory Measure (measure 1)		
Ref #	Measure	Description
1	Primary Care Engagement	The percentage of members who have a primary care visit at their assigned clinic system.

Priority Measures (measures 2–11)		
Ref #	Measure	Description
2	Initiation of Substance Use Disorder (SUD) Treatment	The percentage of new SUD episodes for members 18 years of age and older who have at least one treatment event within 14 days.
3	Engagement of Substance Use Disorder (SUD) Treatment	The percentage of new SUD episodes for members 18 years of age and older who have at least two treatment events within 34 days.
4	Postpartum Care	The percentage of members with live birth deliveries who have a postpartum visit 1-12 weeks after delivery.
5	Screening for Depression and Follow-up	The percentage of members 12 years of age and older who have a qualifying visit who are screened for clinical depression, and, if positive, have a follow-up plan documented.
6	Child Well-Care Visits	The percentage of members 3-6 years of age who have a well-care visit with a primary care provider (PCP).
7	Child Fluoride Varnish	The percentage of members 1-5 years of age who receive fluoride varnish.
8	Child Social Emotional Issue-Focused Services	The percentage of members 1-5 years of age who have a social emotional issue-focused intervention/treatment.
9	Child Immunizations	The percentage of members 2 years of age who have all immunizations on or before their 2nd birthday.
10	Adolescent Immunizations	The percentage of members 13 years of age who have all immunizations on or before their 13th birthday.

11	Glycemic Status Assessment for Members with Diabetes	The percentage of members 18-75 years of age with diabetes whose most recent glycemic status assessment indicates inadequate control (greater than 9.0% or missing results). (Lower rates are better for this measure.)
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Additional Measures (measures 12–15)		
Ref #	Measure	Description
12	Breast Cancer Screening	The percentage of female members 40-74 years of age who have an up-to-date mammogram.
13	Colorectal Cancer Screening	The percentage of members 45-75 years of age who have an up-to-date screening for colorectal cancer.
14	Controlling High Blood Pressure	The percentage of members 18-85 years of age with essential hypertension whose most recent blood pressure indicates adequate control (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg).
15	Child Lead Screening	The percentage of members 2 years of age who receive a lead capillary or venous blood test on or before their 2nd birthday.

Measure Descriptions

Mandatory Measure

1. Primary Care Engagement

The percentage of members who have a primary care visit at their assigned clinic.

[*Link back to Measure Summary Table*](#)

Data Source: Claims

Denominator: The number of members with primary care assignments in the assigned clinic.

Continuous Enrollment: Members enrolled at least 320 days during the measurement year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for the full measurement year.

Exclusions: None

Numerator: The number of members who have a primary care visit at their assigned clinic system during the measurement period. Primary care visits include paid claims for primary care services delivered by the following rendering provider specialty types:

- Adolescent Health
- Family Practice
- General practice – Doctor
- Geriatrics
- Gynecology
- Internal medicine
- Naturopathic Medicine
- Obstetrics
- Pediatrics
- Preventive Medicine
- Women’s Health
- Physician Assistant (for specialty types above)
- Behavioral Health (such as licensed professional counselor or social worker)
- Alternative Care (such as nurse practitioner, community health worker, federally qualified health center or pharmacist)

Supplemental Data: None

Measure Sponsor Specification:

This measure is designed by CareOregon, not an external organization.

Priority Measures

2. Initiation of Substance Use Disorder (SUD) Treatment

The percentage of new SUD episodes for members 18 years of age and older who have at least one treatment event within 14 days.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of new SUD episodes for members 18 years of age and older as of the SUD episode date who have a SUD encounter between November 15, 2025 through November 14, 2026 (intake period).

- SUD episodes that fall into multiple diagnosis cohorts will be in the denominator for each cohort.
- Diagnosis cohorts include alcohol use disorder, opioid use disorder, and other substance use disorder.

Continuous Enrollment: Members continuously enrolled from 194 days before the SUD episode date through 47 days after the SUD episode date (242 days total with no gaps).

PCP Assignment: Members assigned to the clinic at the time of the SUD episode and within the clinic system 194 days prior to the SUD episode through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year
- Members who had a SUD encounter in the 194 days prior, unless the prior SUD encounter was a withdrawal management event or an ED visit
- Members with SUD medication history in the prior 194 days

Numerator: The number of new SUD episodes for members who initiated a SUD treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, treatment facility visit, telehealth, virtual, e-visit, or telephone visit, or medication treatment within 14 days of the SUD episode.

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Initiation and Engagement of Substance Use Disorder Treatment (IET, CMIT #394)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

3. Engagement of Substance Use Disorder (SUD) Treatment

The percentage of new SUD episodes for members 18 years of age and older who have at least two treatment events within 34 days.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of new SUD episodes for members 18 years of age and older as of the SUD episode date who have a SUD encounter between November 15, 2025 through November 14, 2026 (intake period).

- SUD episodes that fall into multiple diagnosis cohorts will be in the denominator for each cohort.
- Diagnosis cohorts include alcohol use disorder, opioid use disorder, and other substance use disorder.

Continuous Enrollment: Members continuously enrolled from 194 days before the SUD episode date through 47 days after the SUD episode date (242 days total with no gaps).

PCP Assignment: Members assigned to the clinic at the time of the SUD episode and within the clinic system 194 days prior to the SUD episode through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year
- Members who had a SUD encounter in the 194 days prior, unless the prior SUD encounter was a withdrawal management event or an ED visit
- Members with SUD medication history in the prior 194 days

Numerator: The number of new SUD episodes for members who engage in two SUD treatment events, either medication dispensing or a SUD visit with a provider, within 34 days of their SUD treatment initiation.

- If treatment was initiated through a medication dispensing event, only one of the two required engagement events can be through medication and the other must be through a SUD visit with a provider.
- Both engagement events can be on the same day if the services are with different providers, the exception being if one event is for medication-assisted treatment (MAT) there is no requirement that the second event be with a different provider.

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Initiation and Engagement of Substance Use Disorder Treatment (IET, CMIT #394)
URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

4. Postpartum Care

The percentage of members with live birth deliveries who have a postpartum visit 1-12 weeks after delivery.

[Link back to Measure Summary Table](#)

Data Source: Claims and supplemental data

Denominator: The number of members who have a live birth between October 8, 2025 through October 7, 2026 (intake period).

Continuous Enrollment: Members continuously enrolled 43 days prior to delivery through 60 days after delivery.

PCP Assignment: Members assigned to the clinic at delivery and within the clinic system 43 days prior to delivery through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year

Numerator: The number of members receiving postpartum care completed on or between 1-12 weeks (7 and 84 days) after delivery. Eligible postpartum care includes claims for any of the following:

- A postpartum visit, including CPT-II 0503F
- An encounter for postpartum care (Encounter for Postpartum Care Value Set*)
- Cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set)

Supplemental Data: Chart review verifying documentation of postpartum care. Eligible postpartum care documentation includes any of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts, and abdomen
 - Chart notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
- Chart notation of postpartum care in the members, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check”
 - A preprinted “Postpartum Care” form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders

- Glucose screening for members with gestational diabetes
- Documentation of any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing, or family planning
 - Sleep/fatigue
 - Resumption of physical activity
 - Attainment of healthy weight

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Prenatal and Postpartum Care (PPC, CMIT #581)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

5. Screening for Depression and Follow-up

The percentage of members 12 years of age and older who have a qualifying visit who are screened for clinical depression, and, if positive, have a follow-up plan documented.

[Link back to Measure Summary Table](#)

Data Source: EHR/eCQM

Denominator: The number of members 12 years of age and older at the beginning of the measurement year who have at least one qualifying encounter during the measurement year.

Continuous Enrollment: Not applicable

PCP Assignment: Not applicable

Denominator Exclusions: Members who have been diagnosed with bipolar disorder at any time prior to the qualifying encounter.

Denominator Exceptions:

- Members who refuse to participate or complete the depression screening
- Documentation of a medical reason in the member's file for not screening the member for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; member is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the member's health status)

Numerator: The number of members screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Screening for Depression and Follow-Up Plan (CMS 2v15)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

6. Child Well-Care Visits

The percentage of members 3-6 years of age who have a well-care visit with a primary care provider (PCP).

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of members 3-6 years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled at least 320 days during the measurement year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for the full measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year

Numerator: The number of members with at least one well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Telehealth visits do not qualify.

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Child and Adolescent Well-Care Visits (WCV, CMIT #24)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

7. Child Fluoride Varnish

The percentage of members 1-5 years of age who receive fluoride varnish.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of members 1-5 years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled at least 180 days during the measurement year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for at least 180 days during the measurement year.

Exclusions: None

Numerator: The number of members who receive fluoride varnish on a physical health claim during the measurement year.

- Fluoride varnish applications are measured via claims using CDT codes: D1206 and 99188

Supplemental Data: None

Measure Sponsor Specification:

This measure is adapted from the following OHA metric and represents the sub measure focused on fluoride varnish application or fluoride varnish for members 1-5 years of age.

Source: Oregon Health Authority CCO Metric/HEDIS

Measure: Members Receiving Preventive Dental or Oral Health Services (PREV_DENTOR)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

8. Child Social Emotional Issue-Focused Services

The percentage of members 1-5 years of age who have a social emotional issue-focused intervention/treatment.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of members 1-5 years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled at least 320 days during the measurement year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for the full measurement year.

Exclusions: Members who die during the measurement year.

Numerator: The number of members who receive at least one eligible social emotional issue-focused intervention/treatment service during the measurement year. Services span behavioral health assessments and evaluations, interventions, counseling, therapy, skills training and development, and outreach.

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services (SEM)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

9. Childhood Immunizations

The percentage of members 2 years of age who have all immunizations on or before their 2nd birthday.

[Link back to Measure Summary Table](#)

Data Source: ALERT IIS

Denominator: Members two years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled 365 days prior to the members' second birthday and on their second birthday. No more than one gap of ≤ 45 days is allowed during the year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for one year prior to the member's second birthday through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year
- Members who had contraindication to childhood vaccine on or before second birthday
- Members who had an organ or bone marrow transplant on or before second birthday

Numerator: The number of members who meet criteria for **each** of the following vaccines (DTaP, IPV, MMR, HiB, Hepatitis B, VZV, and Pneumococcal conjugate) received on or before the member's second birthday:

- **DTaP** (Diphtheria, Tetanus or Pertussis). Any of the following:
 - At least four DTaP vaccinations with different dates of service, administered at least 42 days after birth
 - Encephalitis due to the DTaP vaccine
 - Anaphylaxis due to the DTaP vaccine
- **IPV** (Inactivated Polio Vaccine). Any of the following:
 - At least three IPV vaccinations with different dates of service, administered at least 42 days after birth
 - Anaphylaxis due to the IPV vaccine
- **MMR** (Measles, Mumps, Rubella). Any of the following:
 - At least one MMR vaccination on or between the member's first and second birthdays
 - History of measles, mumps, or rubella illness (not laboratory claims)
 - Anaphylaxis due to the MMR vaccine
- **HiB** (Hemophilus Influenzae Type B). Any of the following:
 - At least three HiB vaccinations with different dates of service, administered at least 42 days after birth

- Anaphylaxis due to the HiB vaccine
- **Hepatitis B.** Any of the following:
 - At least three hepatitis B vaccinations with different dates of service. One of the three vaccinations can be a newborn hepatitis B vaccination during the 8-day period that begins on the date of birth and ends 7 days after the date of birth
 - History of hepatitis B illness (not laboratory claims)
 - Anaphylaxis due to the Hepatitis B vaccine
- **VZV (Varicella Zoster Vaccine).** Any of the following:
 - At least one VZV vaccination with a date of service on or after member's first birthday
 - History of varicella zoster illness, e.g., chicken pox (no laboratory claims)
 - Anaphylaxis due to the VZV vaccine
- **Pneumococcal conjugate.** Any of the following:
 - At least four pneumococcal conjugate vaccinations with different dates of service, administered at least 42 days after birth
 - Anaphylaxis due to the pneumococcal conjugate vaccine

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Childhood Immunization Status (CIS, CMIT #124)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

10. Adolescent Immunizations

The percentage of members 13 years of age who have all immunizations on or before their 13th birthday.

[Link back to Measure Summary Table](#)

Data Source: ALERT IIS

Denominator: The number of members 13 years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled 365 days prior to the member's 13th birthday and enrolled on their 13th birthday. No more than one gap of ≤ 45 days is allowed during the year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for one year prior to their 13th birthday through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year

Numerator: The number of members who meet criteria for **each** of the following vaccines (Meningococcal serogroups A, C, W, Y, Tdap, HPV) received on or before the member's 13th birthday:

- **Meningococcal serogroups A, C, W, Y.** Any of the following:
 - At least one meningococcal serogroups A, C, W, Y vaccine with a date of service on or between the member's 10th and 13th birthdays
 - Anaphylaxis due to the meningococcal vaccine
- **Tdap** (tetanus, diphtheria toxoids, and acellular pertussis). Any of the following:
 - At least one Tdap vaccine with a date of service on or between the member's 10th and 13th birthdays
 - Encephalitis due to Tdap vaccine
 - Anaphylaxis due to Tdap vaccine
- **HPV** (human papillomavirus). Any of the following:
 - At least two HPV vaccines on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart
 - At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays
 - Anaphylaxis due to the HPV vaccine

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Immunizations for Adolescents (IMA, CMIT #363)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

11. Glycemic Status Assessment for Members with Diabetes

The percentage of members 18-75 years of age with diabetes whose most recent glycemic status assessment indicates inadequate control (greater than 9.0% or missing results). Note, a lower rate is better.

[Link back to Measure Summary Table](#)

Data Source: Claims or Hybrid

Denominator: The number of members 18-75 years of age by the end of the measurement year with type 1 or type 2 diabetes identified by claims or pharmacy data.

Continuous Enrollment: Members enrolled at least 320 days during the measurement year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for a full measurement year.

Denominator Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who receive palliative care during the measurement year
- Members who die during the measurement year
- Members 66-75 years of age by the end of the measurement year who:
 - meet frailty and advanced illness criteria
 - are in an institutional SNP (I-SNP) or living long-term in an institution (LTI)

Numerator: The number of members whose most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year is greater than 9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. Note, a lower rate is better.

- Glycemic status is measured via claims using CPT Category II (CPT-CAT-II) codes
- The following CPT-CAT II codes are considered noncompliant. When applied, they lower the numerator, indicating improved performance for this measure.

CPT-CAT-II codes that indicate noncompliant (lower rates)

3044F, 3051F, 3052F

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Glycemic Status Assessment for Patients with Diabetes (GSD, CMIT # 1820)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

Additional Measures

12. Breast Cancer Screening

The percentage of female members 40-74 years of age who have an up-to-date mammogram.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of female members 40-74 years of age as of December 31 of the measurement year.

- Female defined as member gender assigned as birth

Continuous Enrollment: Members enrolled at least 320 days during the measurement year and 320 days during the prior year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for the full measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who receive palliative care during the measurement year, for example, ICD-10 code Z51.5 on claims
- Members who die during the measurement year
- Members 66-74 years of age by the end of the measurement year who:
 - Meet frailty and advanced illness criteria
 - are in an institutional SNP (I-SNP) or living long-term in an institution (LTI)
- Members with bilateral or unilateral mastectomies or absent one or both breasts
- Members with gender-affirming chest surgery

Numerator: Number of members receiving a mammogram on or between October 1, 2024, through December 31, 2026.

Supplemental Data: None

Measure Sponsor Specification:

Source: HEDIS® MY 2026

Measure: Breast Cancer Screening (BCS-E)

URL: [HEDIS Measures and Technical Resources - NCQA](#) (subscription required to access)

13. Colorectal Cancer Screening

The percentage of members 45-75 years of age who have an up-to-date screening for colorectal cancer.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of members 45-75 years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled at least 320 days during the measurement year and 320 days during the prior year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for the full measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who receive palliative care during the measurement year, for example, using ICD-10 code Z51.5 on claims
- Members who die during the measurement year
- Members 66-75 years of age by the end of the measurement year who:
 - Meet frailty and advanced illness criteria
 - are in an institutional SNP (I-SNP) or living long-term in an institution (LTI)
- Members who have a history of colorectal cancer
- Members who have had a total colectomy

Numerator: The number of members who meet any of the following:

- Fecal occult blood test during measurement year
- SDNA with FIT test during the measurement year or the 2 years prior
- Flexible sigmoidoscopy during the measurement year or the 4 years prior
- CT colonography during the measurement year or the 4 years prior
- Colonoscopy during the measurement year or the 9 years prior

Supplemental Data: None

Measure Sponsor Specification:

Source: HEDIS® MY 2026

Measure: Colorectal Cancer Screening (COL-E)

URL: [HEDIS Measures and Technical Resources - NCQA](#) (subscription required to access)

14. Controlling High Blood Pressure

The percentage of members 18-85 years of age with essential hypertension whose most recent blood pressure indicates adequate control (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg).

[Link back to Measure Summary Table](#)

Data Source: EHR/eCQM

Denominator: The number of members 18-85 years of age by the end of the measurement year who had a visit during the measurement year with a diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement year.

Continuous Enrollment: Not applicable

PCP Assignment: Not applicable

Exclusions:

- Members who use hospice services during the measurement year
- Members who receive palliative care during the measurement year, for example, using ICD-10 code Z51.5 on claims
- Members who die during the measurement year
- Members 66-80 years of age by the end of the measurement year who meet frailty and advanced illness criteria
- Members 81-85 years of age by the end of the measurement year who have an indication of frailty during the measurement year
- Members 66-85 years of age by the end of the measurement year who are living long term in a nursing home
- Members with evidence of end stage renal disease (ESRD), dialysis, or renal transplant
- Members with a diagnosis of pregnancy during the measurement year

Numerator: The number of members whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement year.

- Systolic and diastolic blood pressure status is measured via claims using CPT Category II (CPT-CAT-II) codes
- The following CPT-CAT II codes are considered compliant and must be applied for both Systolic AND diastolic blood pressure.

CPT-CAT-II codes that indicate controlled blood pressure	
Systolic CPT II codes	Diastolic CPT II codes
3074F, 3075F	3078F, 3079F

Supplemental Data: None

Measure Sponsor Specification:

Source: Oregon Health Authority CCO Metric

Measure: Controlling High Blood Pressure (CMS 165v14)

URL: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

15. Child Lead Screening

The percentage of members 2 years of age who receive a lead capillary or venous blood test on or before their 2nd birthday.

[Link back to Measure Summary Table](#)

Data Source: Claims

Denominator: The number of members two years of age as of December 31 of the measurement year.

Continuous Enrollment: Members enrolled 365 days prior to the member's second birthday and on their second birthday. No more than one gap of ≤ 45 days is allowed during the year.

PCP Assignment: Members assigned to the clinic on the last day of the measurement year and within the clinic system for one year prior to the member's second birthday through the end of the measurement year.

Exclusions:

- Members in hospice or using hospice services during the measurement year
- Members who die during the measurement year

Numerator: The number of members who have at least one lead capillary or venous blood test on or before the member's second birthday.

- Blood test is measured via claims using CPT code 83655

Supplemental Data: None

Measure Sponsor Specification:

Source: HEDIS® MY 2026

Measure: Lead Screening in Children (LSC)

URL: [HEDIS Measures and Technical Resources - NCQA](#) (subscription required to access)