Arcadia Assess

Acceptable Quality Medical Record Documentation

Measure	Required Documentation	Exclusions
Blood Pressure Control (BPC-E)	For Members 18-85 years of age who had a diagnosis of Hypertension (HTN) and documentation that the most recent BP (the latest in 2025) was less than 140 systolic (SBP) and less than 90 diastolic (DBP).	• Members with a *non-acute inpatient admission* in 2025 Members with a diagnosis of end-stage renal disease (ESRD), history of nephrectomy or kidney transplant any time in history through 2025 • Members receiving palliative care documented in 2025 • Hospice use documented in 2025. (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 with date of death documentation
Breast Cancer Screening (BCS-E)	**Eligible age range is now 40-74 years of age.* • Date of Exam between October 1, 2023, and December 31, 2025 (the MEASUREMENT PERIOD) • Evidence of a *bilateral* Mammogram exam (Breast ultrasounds are not accepted) • Result of the screening	• Documentation of bilateral mastectomy or both left and right unilateral mastectomies any time during the Member's history through the end 2025 • Members who had documentation of gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the Member's history through the end of 2025 • Medicare Members 66 years or older and enrolled in an Institutional SNP (I-SNP) during the measurement PERIOD • Members Living in a long-term institution during the measurement PERIOD • Members receiving palliative care documented in the measurement PERIOD • Hospice use documented in the measurement PERIOD (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in measurement PERIOD with date of death documentation
Care for Older Adults (COA) - Medication Review	For Members 66 years of age and older: • Documentation of a medication LIST in the medical record in 2025; **AND** • A Medication review performed, signed and dated by a prescribing Provider or a PharmD credentialed pharmacist (not RPh	• Hospice use documented in 2025 • (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Members who die any time in 2025 with date of death documentation

	or nurse). The practitioner's signature is evidence that the medications were reviewed. • OR a notation that the Member is not taking any medications • Both must occur at the same encounter **OR** • Transitional Care Management services during the measurement year • An outpatient visit is not required to meet criteria	***DO NOT INCLUDE SERVICES PROVIDED IN AN ACUTE INPATIENT SETTING** • Hospice use documented in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Members who die any time in 2025 with date of death documentation. ***DO NOT INCLUDE SERVICES PROVIDED IN AN ACUTE INPATIENT SETTING**
Care for Older Adults (COA) - Functional Status Assessment	At least one functional status assessment during 2025. Components may take place during separate visits in the Measurement Year. Documentation must include evidence of a complete functional status assessment and must include **ONE** of the following: • NOTATION THAT ADLs WERE ASSESSED AND THE RESULT OF THE ASSESSMENT • **OR** at least five of the following ADLs: bathing, dressing, eating, transferring, toileting, walking • **OR** NOTATION THAT iADs WERE ASSESSED AND THE RESULT OF THE ASSESSMENT • **OR** at least four of the following iADs: shopping, driving, or using public transportation, telephone use, cooking/meal prep, housework, home repair, laundry, taking meds, handling finances • **OR** the result of an assessment from a standardized FSA tool, not limited to the PROMIS scale, Barthel or Katz index scales. (See spec for complete list) **A functional status assessment limited to an acute or single condition/body system or event does not meet criteria for a comprehensive assessment.* **Functional Status Assessments may also be performed at an outpatient encounter with a physical therapist or nursing staff.*	
Cervical Cancer Screening (CCS-E)	Documentation of *one* of the following meet criteria: • (All ages): Cervical Cytology (Pap smear) performed during 2023-2025 • Ages 30-64: Pap Smear with HPV testing performed during 2021-2025 • Ages 30-64: HPV testing only performed during 2021-2025	Evidence of hysterectomy with no residual cervix (Complete, Total, Simple or Vaginal) *Hysterectomy Acronyms to look for: • TAH - Total Abdominal Hysterectomy • TVH - Total Vaginal Hysterectomy • LAVH - Laparoscopic Assisted Vaginal Hysterectomy *"*Hysterectomy" alone cannot be accepted without documentation of a pelvic exam or*

	• A lab report or visit note must include test collection/acquired date and the result • Lab results that state the specimen was "inadequate" or that "no cervical cells present" do not meet criteria • A lab report showing "no endocervical cells present" may be used if a valid result is present **Cervical biopsies are not valid for primary cervical cancer screening and cannot be submitted*	*operative report that confirms absence of cervix.* • Sex assigned male at birth • Palliative care services documented in 2025 • Hospice use documented in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation
Chlamydia Screening (CHL)	For Members 16-24 years of age assigned female gender at birth who were identified as sexually active, having had one of the following: • Medical record documentation of sexual activity **OR** • Pregnancy testing in 2025 OR • A prescription for a contraceptive **AND** • At least one chlamydia screening test in 2025	• Members assigned male gender at birth • Hospice use documented in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation
Colorectal Cancer Screening (COL-E)	For Members 45-75 years of age: Documentation of one of the following to include a visit note, procedure note, lab or pathology report with name of procedure, test date and result: • Colonoscopy procedure completed 2016-2025 • CT Colonography 2021-2025. • Stool DNA (Cologuard) 2023-2025 • FOBT (Fecal Occult Blood Testing): ○ Guaiac or FIT Immunochemical stool tests during 2025. (Digital rectal exams (DRE), FOBT tests obtained in an office setting or performed on a sample collected via DRE cannot be used) ○ Flexible Sigmoidoscopy during 2021-2025	Diagnosis of either: • Colorectal cancer any time in history through 2025 • Total colectomy any time in history through 2025 • Medicare Members 66 years or older and enrolled in an Institutional SNP (I-SNP) in 2025 • Members Living in a long-term institution in 2025 • Members receiving palliative care in 2025 • Hospice use documented in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation
Developmental Screening in the First Three Years of Life (DEV-N)	For Children aged 1, 2, or 3 documentation showing they were screened for risk of developmental, behavioral, and social delays using a standardized screening tool between January 1 and December 1, 2025 (MEASUREMENT PERIOD). Developmental screening requires a global (multi-domain) screen and not a single domain screen like autism. Tools must meet the following criteria:	There are no exclusions for this measure.

	• Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional • Reliability, Validity, Sensitivity/Specificity scores must be approximately 0.70 or above **See measure specs for screening tools cited by Bright Futures that meet the above criteria*	
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	For Members 12 years of age and older documentation must show they were screened for clinical depression between January 1, 2025, and December 1, 2025 (the measurement PERIOD) using a standardized instrument and, if screened positive, received follow-up care. • This measure requires the use of an age-appropriate screening instrument. • The Member's age is used to select the appropriate depression screening instrument. ***See measure specs for eligible screening instruments*** • Follow-Up on Positive Depression Screen must be performed on or up to 30 days after the date of the first positive screen (31 total days) by any of the following means: ○ An outpatient, telephone, e-visit or virtual check-in f/u visit with a diagnosis of depression or other behavioral health condition ○ A depression case management encounter that documents assessment for depression or a diagnosis of depression or other behavioral health condition ○ A behavioral health encounter, including assessment, therapy, collaborative care, or medication management ○ A diagnosis of encounter for exercise counseling (ICD-10-CM code Z71.82) ○ A dispensed antidepressant medication **OR** ○ Documentation of additional depression screening on a full-length instrument indicating either no depression or no	• Members with a history of bipolar disorder any time in history through the end of the year prior to the measurement period (the end of 2024) • Members with depression that starts during the year prior to the measurement period (during 2024) • Members who use hospice services any time during the measurement PERIOD, January 1, 2025- December 1, 2025 • Members who die any time during the measurement PERIOD, January 1, 2025-December 1, 2025, with date of death documentation

	symptoms that require follow-up (i.e. a negative screen) on the same day as a positive screen on a brief screening instrument. For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of f/u	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	Members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during 2025: • A glucose test or HbA1c lab test	Members with diabetes: • Who had no antipsychotic medications dispensed during 2025 • Hospice use documented in 2025 (Documentation that Member is at end of life, comfort care only, DNR, DNI does not meet criteria for the hospice exclusion) • Member death in 2025 with date of death documentation
Eye Exam for Patients with Diabetes (EED)	For Members 18-75 years of age with Diabetes. Documentation of one the following with 2024 DOS: • Eye Exam: 2024 retinal or dilated eye exam performed by an optometrist/ophthalmologist where results indicate diabetic retinopathy was not present. • Fundus Photograph: 2024 fundus photograph where results indicate diabetic retinopathy was not present • 2025 dates of service: ○ **Eye Exam:** 2025 retinal or dilated eye exam performed by an optometrist/ophthalmologist with or without diabetic retinopathy ○ **Fundus Photograph:** 2025 fundus photograph with or without diabetic retinopathy. (Fundus photographs must include evidence that an optometrist/ophthalmologist reviewed the results, results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist, or results were read by a system that provides an artificial intelligence (AI) interpretation • In the absence of an exam report, PCP notes must indicate that an ophthalmoscopic exam was completed by an	• Bilateral absence of eyes any time in history through 2025 • Bilateral eye enucleation any time in history through 2025- on the same or different DOS • Medicare Members 66 years or older and enrolled in an Institutional SNP (I-SNP) in 2025 • Members Living in a long-term care institution in 2025 • Members receiving palliative care documented in 2025 • Hospice use documented in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation

	optometrist/ophthalmologist, the exam date and whether diabetic retinopathy is present or absent	
Glycemic Status for Patients with Diabetes (GSD)	Members 18-75 years of age with Diabetes need documentation of the most recent (latest in 2025) glycemic status (HA1c or Glucose management indicator (GMI) in 2025. Result can be from a visit note or lab report and must include both of the following: • Lab test-collected/acquired date • Numeric result (Ranges and thresholds do not meet criteria for a numeric result; a distinct numeric value is required) • When identifying the most recent glycemic status assessment (HA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date • If multiple glycemic status assessments were recorded for a single date, use the lowest result • GMI results collected by the Member and documented in the Member's medical record are eligible for use in reporting, provided the GMI does not meet any exclusion criteria. There is no requirement that there be evidence that the GMI was collected by a PCP or specialist • Member is compliant if the glycemic status is <8 • Member is compliant if the glycemic status is >9 or is missing, or if a GSA was not done during 2025 **A lower rate indicates better performance.*	• Medicare Members 66 years or older and enrolled in an Institutional SNP (I-SNP) in 2025 • Members living in a long-term institution in 2025 • Members receiving palliative care in 2025 • Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation
Kidney Evaluation for Patients with Diabetes (KED)	Members 18-85 years of age with Diabetes need documentation of a kidney evaluation during 2025. Defined by: • An estimated glomerular filtration rate (eGFR) **AND** • A urine-albumin-creatinine ratio (uACR) in 2025 (on the same or different dates of service)	• Hospice use in 2025 (Documentation that Member is at end of life, comfort care only, DNR, DNI does not meet criteria for a hospice exclusion) • Member Death in 2025 with date of death documentation

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	Children ages 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during 2025: • At least one test for Blood Glucose: Glucose Lab Test or HbA1C Lab test **AND** • At least one test for Cholesterol: Cholesterol Lab Test or LDL-C Lab Test	• Medicare Members 67 years or older and enrolled in an Institutional SNP (I-SNP) between July 1, 2024 – December 31, 2025 • Members living in a long-term institution between July 1, 2024 – December 31, 2025 • Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 with date of death documentation • Members who received palliative care between July 1, 2024 – December 31, 2025
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67-85 years of age who suffered a fracture and who had either: • A bone mineral density (BMD) test **OR** • A prescription for a drug to treat osteoporosis in 180 days (6 months) after the fracture between 7/1/24 - 6/30/25	• Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period • Members who die any time during the measurement period • Medicare Members 66 years of age and older by the end of the measurement period who meet either of the following: ○ Enrolled in an Institutional SNP (I-SNP) any time during the measurement period ○ Living long-term in an institution any time during the measurement period
Social Needs Screening and Intervention (SNS-E) **Social Needs Screening -Food Screening** **Social Needs Screening -Housing Screening**	Documentation must show that Members ages ≤17 to 65 years and older were screened for SDoH in 2025 to identify, monitor, assess and address: • **Food insecurity** defined as uncertain, limited or unstable access to food that is adequate in quantity and in nutritional quality; culturally acceptable; safe; and acquired in socially acceptable ways • **Housing instability** is defined as currently consistently housed, but experiencing any of the following • circumstances in the past 365 days: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction. • **Homelessness:** ○ Currently living in an environment that is not meant for permanent human habitation (e.g., car, park, sidewalk, abandoned building, on the street); not having a consistent place to sleep at night; or because of economic difficulties, living in a shelter, motel, temporary or transitional living situation. • **Housing inadequacy:** Housing does not meet habitability standards	
Social Needs Screening -Transportation Screening		• Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation.

	• **Transportation insecurity**: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood ***See measure specifications for listings of food, housing and transportation screening instruments.*	
Transitions of Care (TRC) – Medication Reconciliation Post-Discharge	Documentation for Medicare Members 18 years of age and older must include a review in which medications at the time of acute or non-acute inpatient discharge were reconciled with the most recent medication list in the outpatient medical record. Medication Reconciliation must occur on the date of discharge thru 30 days after discharge (31 days total) and be conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse. **A medication reconciliation performed without the Member present meets criteria.* Documentation **in the outpatient medical record** must include any of the following: • Documentation of the current medications with a notation that the Provider reconciled the current and discharge medications • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications) • Documentation of the Member's current medications with a notation that the discharge medications were reviewed • Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service • Documentation of the current medications with evidence that the Member was seen for post-discharge hospital follow-up (Patient Engagement Visit) with evidence of medication	• Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation • Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation • Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation • Hospice use in 2025 (Documentation that Member is at the end of life, comfort care only, DNR, DNI does not meet criteria for the Hospice exclusion) • Member Death in 2025 w/date of death documentation

	reconciliation or review. Evidence that the Member was seen for post discharge hospital follow-up requires documentation that indicates the Provider was aware of the Member's hospitalization or discharge • The following examples (without a reference to "hospitalization," "admission" or "inpatient stay") are not considered evidence that the Provider was aware of the Member's hospitalization or discharge: ○ Documentation of "post-op/surgery follow-up." ○ Documentation only of a procedure that is typically inpatient (e.g. open-heart surgery) ○ Documentation indicating that the visit was with the same Provider who admitted the Member or who performed the surgery	
Transitions of Care (TRC) – Patient Engagement After Inpatient Discharge	Documentation for Medicare Members 18 years of age and older must include patient engagement (e.g., office visits, visits to the home, or telehealth) provided within 30 days after inpatient discharge. * Do not include patient engagement that occurs on the date of discharge. Any of the following criteria: • An outpatient visit, including office visits and home visits. • A telephone visit • A synchronous telehealth visits where real-time interaction occurred between the Member and Provider using audio and video communication • An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the Member and Provider) ***If the Member is unable to communicate with the Provider, interaction between the Member's caregiver and the Provider meets criteria.*	