



Measurement Year 2026

Technical Assistance

Guidance For OHA's

CCO-Incentive Measure Program

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Preface

Welcome to the Measure Year (MY) 2026 CCO Metrics Binder. The UHA team has worked diligently to make several improvements to the user experience by streamlining content and linking external documentation.

Key features and improvements to the binder

- The Measure Set is organized to flow based on measure types (IE: EHR based measures, Alert IIS-based measures, Claims-based measures, etc...).
- Lessons learned and changes from the previous measure year (MY) are now included in each measure's respective section for quick reference.
- We now include links to OHA documentation, including Measure Specifications and Plain Language summaries, rather than embedding the content in this binder.

Quick notes for the CCO Incentive Quality Measure Set for 2026

There is one retired measure from MY 2025:

- Oral Evaluation for Adults with Diabetes, which is expected to return to the measure set in MY 2027.

There is one new measure for MY 2026:

- Glycemic Status Assessment for Patients with Diabetes, which has replaced the older "A1c Poor Control" measure from prior years.

The Measure Set includes three report only measures and a portion of a fourth that are not incentivized but that require data collection and reporting. The report only measures are:

- Controlling High Blood Pressure
- Cigarette Smoking Prevalence
- Substance Use Disorder Screening, Brief Intervention, and Referral to Treatment
- Prenatal and Postpartum Care: Postnatal Care Rate (*Prenatal portion*)

There has been a substantial decrease in the collection and reporting of data on these measures. The lack of reportable data presents a considerable risk of the Metrics & Scoring Committee reinstating these report only measures. This is reflected in Metrics & Scoring Committee's meeting minutes found here:

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

To mitigate this risk, it is incumbent upon UHA and its provider partners to escalate efforts to collect and report data to ensure adherence to reporting requirements during MY 2026.

2026 CCO Quality Incentive Program: Measure Summaries

Each year, the OHA publishes a document summarizing the Quality Incentive Program and each of the incentive measures within the Measure Set. This is a helpful tool that provides clear information in approachable language. Specifically, it answers these questions for each measure:

- What is being measured?
- Why is it being measured?
- How is it being measured?

The 2026 summaries can be found on the OHA website via this link:

[2026PlainLanguageIncentiveMeasures_English.pdf](#)

Glycemic Status Assessment for Patients with Diabetes

Overview

This measure evaluates the percentage of members 18–75 years of age with type 1 or type 2 diabetes whose most recent glycemic status was at the following levels during the measurement period:

- Glycemic Status <8.0% (with Numerator 1)
- Glycemic Status >9.0% (with Numerator 2)

The goal of this measure is to ensure members with diabetes receive an A1c assessment, and the value is recorded during the measure year.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

19.5%

Target Population (Denominator)

Members ages 18-75 as of 12/31/2026

Numerator

Cohort members with no reading in the measure year or whose most recent A1c or GMI status >9%

Exclusions

Denominator Exclusions

- Members who die any time during the measurement year
- Members who use hospice services any time during the measurement year
- Members receiving palliative care during the measurement year
- Members who are Medicare enrollees, 66 years of age and older by the last day of the measurement year, in an institutional SNP (I-SNP) or living long-term in an institution (LTI)
- Member 66 years of age or older by the last day of the measurement year with both frailty and advanced illness

Note on Telehealth

Telehealth is allowed in the GSD measure denominator, but NOT allowed in the numerator.

Changes in Specification from MY2025 to MY2026

This is a new measure starting in MY2026 and expands on the eCQM Diabetes: HbA1c Poor Control measure. The Glycemic Status >9 aligns with the prior version of this measure and is the incentivized band of this measure.

Lessons Learned in MY2025

This is a new measure starting in MY2026.

Link to 2026 Technical Specifications

[2026 Specifications: Glycemic Status Assessment for Patients with Diabetes](#)

Screening for Depression and Follow-Up Plan

Overview

This measure evaluates the percentage of patients ages 12 years and older that were 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 depression screening tool and if positive, a follow-up plan is documented on the date of the eligible encounter. The goal is to ensure every member aged 12 and up is screened for depression at least once per year and, when indicated, a follow-up plan is applied.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

77.1%

Target Population (Denominator)

All members ages 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period

Numerator

Members screened for depression AND if positive, a follow-up plan is documented, or an active depression medication overlaps the date of the qualifying encounter

Exclusions

Denominator Exclusions

- Patients who have ever been diagnosed with bipolar disorder at any time prior to the qualifying encounter

Denominator Exceptions

- Patient Reason(s): Patient refuses to participate or complete the depression screening
OR
- Medical Reason(s): Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status)

Numerator Exclusions

- None

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

The numerator was updated to include patients who have an active depression medication overlapping the date of the qualifying encounter.

Lessons Learned in MY2025

Workflows to remove encounters for acute visits and urgent care settings using the exception reason “medical appropriateness” should be implemented. “Other” is not a valid reporting reason for not completing the assessment.

Link to 2026 Technical Specifications

[2026 Specifications: Screening for Depression and Follow-Up Plan](#)

Cigarette Smoking Prevalence

Overview

This measure evaluates the number of members who are cigarette smokers and tobacco users. The goal is to quantify the number of smokers in the member population, which helps inform tobacco cessation strategies.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

n/a

Target Population (Denominator)

Members ages 13 and up

Numerator

Members who have their cigarette smoking status recorded and who are cigarette smokers

Exclusions

Members who receive hospice services any time during the measurement year

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

Changes were limited to coding only.

Lessons Learned in MY2025

Practices drastically reduced screenings in MY2025. Please continue to screen for this, as it is still a required reporting measure. Consequently, the OHA has referenced reinstating measures that show diminished reporting.

Link to 2026 Technical Specifications

[2026 Specifications: Cigarette Smoking Prevalence](#)

Controlling High Blood Pressure

Overview

This measure examines the number of members with hypertension whose blood pressure is adequately controlled during the measurement year. The goal is to provide appropriate monitoring to facilitate improvement of blood pressure conditions and outcomes.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

n/a

Target Population (Denominator)

Members aged 18-85 as of 12/31/2026 who had a visit during the measurement year and a diagnosis of hypertension

Numerator

Members whose most recent BP reading during MY is Systolic <140 and Diastolic <90

Exclusions

Denominator Exclusions

- Members with evidence of ESRD, dialysis, or renal transplant before or during the measurement year
- Members with a pregnancy diagnosis during the measurement year
- Members who are in hospice care for any part of the measurement year
- Members receiving palliative care during the measurement year
- Members ages 66-85 by the end of the measurement year with an indication of frailty

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

Changes were limited to coding only.

Lessons Learned in MY2025

Practices drastically reduced screenings in MY2025. Please continue to screen for this, as it is still a required reporting measure. Consequently, the OHA has referenced reinstating measures that show diminished reporting.

Link to 2026 Technical Specifications

[2026 Specifications: Controlling High Blood Pressure](#)

Assessments for Children in ODHS Custody

Overview

This measure assesses the percentage of members who enter into DHS custody who receive all age-appropriate assessments required for their age group within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). The goal is to ensure members in this measure receive all age-appropriate assessment required for their age group within 60 days of the OHA notifying UHA of placement status.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

80.0%

Target Population (Denominator)

Children and adolescents 0-17 years of age as of the first date of ODHS/OHA notification within 30 days of a new ODHS custody episode start date

Numerator

Cohort members who complete all assessments required for their age bracket within their respective timeframes:

Age on CCO Notification Date	Required assessments for children entering ODHS custody		
	Physical	Dental	Mental
Less than 1 year old	YES	NO	NO
1 to 2 years old	YES	YES	NO
3 to 17 years old	YES	YES	YES
Assessment window from the CCO notification date	-30 to +30 days	-30 to +30 days	-30 to +60 days

Exclusions

Most cases that are excluded will still count for numerator compliance with this measure for visits that occur within the allowed timeframe. Please attempt numerator compliance regardless of exclusion status.

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

- The numerator period for physical and dental health assessment is shortened to within 30 days after the first notification to the CCO.
- Added to numerator criteria if the child refused the health assessment
- Altered most exception and exclusion event language to promote numerator compliance for assessments that meet timeline requirements. This increases the probability that work done to meet the measure for each case is recognized on the OHA scoring formula.
- Remove the requirement for numerator claims from the matching CCO.

Lessons Learned in MY2025

- If a cohort member, their resource parent or their ODHS Case Worker inform you that the member is seeking care at a different practice, please notify the UHA team immediately.
- If a cohort member or their ODHS Case Worker declines an assessment, document the event in as much detail as possible. This can be submitted by UHA to the OHA team to obtain numerator compliance for the assessment, which will help you meet the measure if the OHA agrees the documentation of the refusal is sufficient enough to do so.

Link to 2026 Technical Specifications

[2026 Specifications: Assessments for Children in ODHS Custody](#)

Child and Adolescent Well-Care Visits

Overview

This measure assesses the percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year. The goal is to ensure members aged 3 to 6 receive a health assessment at one or more well-child visits with a PCP each year.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

75.3%

Target Population (Denominator)

Members ages 3 to 6

Numerator

Persons who had one or more well-care visits during the measurement period with a PCP or other qualifying provider type with either of the following meet criteria:

- A well-care visit (Well Care Visit Value Set)
- An encounter for well-care (Encounter for Well Care Value Set).
- *Do not include laboratory claims with POS code 81*

Exclusions

Denominator Exclusions:

- Members who use hospice services any time during the measurement year
- Members who die at any time during the measurement year.

Numerator Exclusions:

- Exclude visits using telehealth from the numerator

Note on Telehealth

This measure is not telehealth eligible.

Changes in Specification from MY2025 to MY2026

There were coding and language changes only.

Lessons Learned in MY2025

This is an excellent opportunity to address Preventative Dental measures through screening. If not already doing so, incorporate a short series of questions in the WCV paperwork and/or checklist that asks about the member's dental/oral health. If the WCV is with a First Tooth certified provider, have them bill the 99188 and screening code accordingly when they apply the Fluoride Varnish.

Link to 2026 Technical Specifications

[2026 Specifications: Child and Adolescent Well-Care Visits](#)

Initiation and Engagement of Substance Use Disorder Treatment

Overview

This measure evaluates the percentage of members 18 years and older as of the SUD Episode Date who have medical, pharmacy, and chemical dependency benefits with a qualifying new SUD diagnosis, which requires initiation and engagement services within 13 and 34 days of the initial encounter respectively. The goal is to ensure SUD treatment is initiated within 13 days of the new SUD diagnosis, and to ensure the member engages in two or more additional services with a matching diagnosis after the initiation encounter but within 34 days of the new SUD diagnosis.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

- Initiation: 49.8%
- Engagement: 19.6%

Target Population (Denominator)

- Initiation: Members 18 years and older as of the SUD Episode Date, with a qualifying new SUD diagnosis episode
- Engagement: The cohort population who have initiated treatment as outlined above

Numerator

1 initiation event on the initial SUD Dx DOS or within 13 days of the initial SUD Dx DOS AND 2 engagement events on the day after the initiation encounter through 34 days after the initiation event OR MAT within the respective windows. 3 events within a 35-48 days of the initial SUD Dx or MAT event for initiation/engagement.

Exclusions

- Members who use hospice services any time during the measurement year
- Members who die any time during the measurement year
- Members with a prior SUD diagnosis of same SUD domain within the 194 days leading up to the initial SUD Dx

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

Coding and language changes only. No changes to the measure functions and requirements have been made.

Lessons Learned in MY2025

Data analytics verifies that most members who have missed this measure in the last two years have received their initial diagnosis at a PCP office, not in the ED or other facility. This reinforces the need for improved workflows and provider staff education regarding how to address any diagnosis for any SUD domain.

Link to 2026 Technical Specifications

[2026 Specifications: Initiation and Engagement of SUD Treatment](#)

Young Children Receiving Social-Emotional Issue Focused Intervention/Treatment Services

Overview

This measure calculates the percentage of children ages 1-5 (kindergarten readiness) who received an issue-focused intervention/treatment service. Despite the lack of any “identified need for treatment/intervention” for the denominator population, the intent is to ensure members within the overall cohort who receive any of the issue-focused intervention/treatment services outlined in the full specification within the measure year.

- Note: These child-level social-emotional issue-focused intervention/treatment options were developed by the Oregon Pediatric Improvement Partnership (OPIP). More information can be found here: [Child-Level Metric Focused on Issue-Focused Interventions Addressing Young Children’s Social Emotional Health: Starting in 2025 Included in the CCO Incentive Metric Set. – Oregon Pediatric Improvement Partnership](#)

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

12.0%

Target Population (Denominator)

Members aged 1-5.99 as of 12/31/2026

Numerator

Cohort Members who received any of the listed services within the measurement year

Exclusions

Denominator exclusions

- Members who die any time during the measurement year

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

CPT code 90835 was removed given the code has expired.

Lessons Learned in MY2025

UHA offers training on reporting for this measure. If you have unresolved questions, or have new staff joining your reporting workflows, please contact UHA to arrange personalized technical assistance and training. We are also happy to address singular questions at any point, so please reach out.

Link to 2026 Technical Specifications

[2026 Specifications: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services](#)

Prenatal & Postpartum Care: Postpartum Care Rate

Overview

This measure evaluates the percentage of deliveries of live births that had a postpartum visit on or between 7 and 84 days after delivery. The goal is to ensure members with deliveries of live births have a postpartum visit on or during the 7 to 84 day postpartum window. Additionally, this measure has a report only requirement for prenatal care.

Measurement Period

Live births with an estimated delivery date (EDD) of October 8, 2025 - October 7, 2026

Benchmark/Target

Postpartum care: 91.1%

Prenatal care: n/a

Target Population (Denominator)

Members with live births whose estimated delivery date was EDD of October 8, 2025 - October 7, 2026

- Note: The denominator for this measure is based on deliveries, not on members. Ensure members with deliveries of live births have a postpartum visit on or between 7 and 84 days after each delivery.

Numerator

Cohort members who receive prenatal care during the first trimester (EDD of 280 days to EDD of 176 days) and postpartum care 7-84 days after delivery date

Exclusions

Numerator Exclusions

- Members who die any time during the measurement year
- Members who use hospice services any time during the measurement year
- Members with no confirmed live birth

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

Eligibility, guidance and coding only.

Lessons Learned in MY2025

Regarding the Prenatal portion of this measure: Practices have drastically reduced reported since this was moved to “report only” status. Please continue to address this measure and report on it, as it is still a required reporting measure. Consequently, the OHA has referenced reinstating measures that show diminished reporting.

Link to 2026 Technical Specifications

[2026 Specifications: Postpartum Care Rate](#)

Preventive Dental or Oral Health Services: Ages 1-5 & 6-14

Overview

Percentage of enrolled children ages 1-14 who receive a preventive dental or oral health service during the measurement year. Ensure preventative dental services for members ages 1-14 at least annually. Identified by: CDT code D1000 – D1999 or CPT code 99188 (by ANY provider).

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

- Ages 1-5: 66.3%
- Ages 6-14: 70.8%

Target Population (Denominator)

All members, ages 1-14 as of 12/31/2026

Numerator

Cohort members who received preventive dental services: CDT D1000 – D1999 or CPT 99188 (by ANY providers)

Exclusions

None

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

No changes

Lessons Learned in MY2025

First Tooth trained providers can address this measure for members within all ages of the measure. UHA covers the Fluoride Varnish application under EPSDT rules.

Link to 2026 Technical Specifications

[2026 Specifications: Preventive Dental or Oral Health Services](#)

Adults with Diabetes: Oral Evaluation

Overview

This measure assesses the percentage of adults with diabetes who received at least one oral evaluation during the measurement year. The goal is to ensure that adult members with diabetes have a touchpoint with the dental delivery system for oral evaluation in the measurement year.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

35.0%

Target Population (Denominator)

Members living with diabetes ages 18 and above as of 12/31/2026

Numerator

CDT codes: D0120, D0150, or D0180

Exclusions

- Members who use hospice services any time during the measurement year
- Members receiving palliative care any time during the measurement year
- Members who die any time during the measurement year
- Members who do not have a diagnosis confirmed in encounters
- Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness criteria

Note on Telehealth

This measure is telehealth eligible only when the rendering provider documents a qualifying CDT code (D0120, D0150 or D0180) in the claims form.

Changes in Specification from MY2025 to MY2026

There were coding and language changes only.

Lessons Learned in MY2025

Members with dentures still need an oral assessment. Please refer them for an oropharyngeal cancer screening with Advantage Dental.

Link to Technical Specifications[2025 Specifications: Adults with Diabetes-Oral Evaluation](#)

Regulations define where the Metrics & Scoring Committee may select measures from specific sets. This measure is not included in the measure sets available to the Committee for MY2026. The measure is expected to return to an allowed list of measures for MY2027.

Childhood Immunization Status

Overview

This measure assesses the percentage of children that turn 2 years old during the measurement year and receive the indicated Dtap, IPV, MMR, HiB, HepB, VZV, and PCV series of immunizations (Combo 3 series) by their second birthday. The goal is to ensure members receive all indicated Combo 3 immunizations before their second birthday.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

68.9%

Target Population (Denominator)

Members who turn 2 years of age during the measurement period

Numerator

Members who complete each ACIP Series for DTaP, IPV, MMR, HiB, HepB, VZV, PCV before they turn 2 years old

- Note: numerator can be met through documentation of anaphylaxis and/or encephalitis. See full specification for additional information.
- Note: Delayed start schedules do not count towards numerator compliance.

Exclusions

Denominator Exclusions

- Members who die any time during the measurement year
- Members who use hospice services any time during the measurement year
- Members who have a contraindication to a childhood vaccine on or before their 2nd birthday
- Members who had a bone marrow transplant

Note on Telehealth

This measure is not telehealth eligible.

Changes in Specification from MY2025 to MY2026

Included CPT codes 90633, 90681, and 90680

Lessons Learned in MY2025

The local rates are improving, so keep up the great efforts.

Link to 2026 Technical Specifications

[2026 Specifications: Childhood Immunization Status](#)

Immunizations for Adolescents

Overview

This measure examines the percentage of adolescents that turn 13 years old during the measurement year and receive the indicated meningococcal, Tdap, and HPV (Combo 2) vaccines by their 13th birthday. The goal is to ensure members receive all indicated Combo 2 immunizations before their 13th birthday.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

41.6%

Target Population (Denominator)

Members who turn 13 years of age during the measurement period

Numerator

Members who complete each ACIP series for meningococcal, Tdap & HPV before their 13th birthday, or demonstration of anaphylaxis due to each immunization series not completed.

Exclusions

Numerator Exclusions

- Members who die any time during the measurement year
- Members who use hospice services any time during the measurement year

Note on Telehealth

This measure is not telehealth eligible.

Changes in Specification from MY2025 to MY2026

- Inclusion of CPT code 90715
- Changes in process for exclusions relating to encephalitis and anaphylaxis. See full specs for additional information.

Lessons Learned in MY2025

The local rates are improving, so keep up the great efforts. Remember to submit evidence of anaphylaxis or encephalitis relating to immunizations to UHA.

Link to 2026 Technical Specifications

[2026 Specifications: Immunizations for Adolescents](#)

Meaningful Language Access (Health Equity)

Overview

This measure evaluates the proportion of visits with spoken and sign language interpreter needs that were provided with OHA qualified or certified interpreter services during the measurement year. The goal is to ensure members with an identified interpreter need receive qualifying interpreter or qualified in-language provider services.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

50%

Target Population (Denominator)

Members who with a documented interpreter need

- For members in the eligible population, all visits need to be included in the reporting denominator.

Numerator

Qualifying events for members with identified language service needs, with qualifying language service standards met

Exclusions

Denominator exclusions

- Members who died in the measurement year
- Member visits that only involve pharmacy, lab, DME, ambulance transport, supportive housing, etc...
- Telehealth visits without human interaction, such as online assessment forms, remote monitoring of blood sugar, and blood pressure readings

Note on Telehealth

This measure is telehealth eligible for visits involving human interaction. This measure is not telehealth eligible for visits not reliant on human interaction, such as online assessment forms, remote blood sugar monitoring, and blood pressure readings.

Changes in Specification from MY2025 to MY2026

The 2026 update includes the addition of Good Faith Effort (GFE) in denominator exclusion reporting options. See Provider Portal Reporting Update for specifics.

Lessons Learned in MY2025

UHA offers training on reporting for this measure. If you have unresolved questions, or have new staff joining your reporting workflows, please contact UHA to arrange personalized technical assistance and training. We are also happy to address singular questions at any point, so please reach out.

Link to 2026 Technical Specifications

[2026 Specifications: Meaningful Language Access \(Health Equity\)](#)

Social Determinants of Health: Social Needs Screening & Referral

Overview

CCOs will collect and report social needs screening and referral data for a population sample, reporting social needs screening and referral data. The goal is to ensure screening for the three outlined social needs is administered to members at least annually and if any of the screenings result in a positive result, a referral is placed to address the identified need(s) within 15 days of the date that the positive screening occurs.

Measurement Period

December 15, 2025 - December 14, 2026

Benchmark/Target

90% of members in the sample

Target Population (Denominator)

All members of all ages

Numerator

Members who received a referral for each SDoH domain in which they screened positive within 15 calendar days of screening DOS.

Exclusions

Total refusal by member for all three screenings/referrals

Note on Telehealth

This measure is telehealth eligible if the rendering provider documents a qualifying CDT code (D0120, D0150 or D0180) in the claims form.

Changes in Specification from MY2025 to MY2026

Added Good Faith Effort (GFE) in denominator exclusion reporting options

Lessons Learned in MY2025

UHA offers training on reporting for this measure. We are also happy to address singular questions at any point, so please reach out.

Link to 2026 Technical Specifications

[2026 Specifications: SDOH Social Needs Screening and Referral](#)

Substance Use Disorder Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Overview

This measure evaluates the percentage of members receiving age-appropriate substance use disorders screening, as well as the percentage of members with a positive screening who received a brief intervention, a referral, or both. The goal is to ensure early detection of SUDs and to mitigate the likelihood of members developing SUDs.

Measurement Period

January 1, 2026 – December 31, 2026

Benchmark/Target

n/a

Target Population (Denominator)

Members aged 12 and up before 01/01/2026

Numerator

Members who have a visit in which their SUD status is recorded and where the screening is positive, a brief intervention or referral to services is recorded.

Exclusions

Active SUD Dx, in active SUD treatment and/or Dementia Dx before screening date.
Hospice, Palliative Care during measure year.

Note on Telehealth

This measure is telehealth eligible.

Changes in Specification from MY2025 to MY2026

Changes to this measure were limited to coding.

Lessons Learned in MY2025

Practices have drastically reduced reported since this was moved to “report only” status. Please continue to address this measure and report on it, as it is still a required reporting measure. Consequently, the OHA has referenced reinstating measures that show diminished reporting.

Link to 2026 Technical Specifications
[2026 Specifications: SBIRT](#)