



Aliados Health

Access | Equity | Advocacy | Innovation

Changes to 2026 Relevant Quality Measure Sets

March 24, 2026 Data Workgroup Meeting
By Ben Fouts, Data Analyst
Aliados Health

Agenda

1. Changes to the following measure sets:

- UDS
- QIP
- Other HEDIS / PHMI

2. Next steps in the process



Changes to the UDS Quality Measure Set



2026 UDS Instructions

- Manual not available (as of today's date)
- Proposed changes to the 2026 UDS outlined in PAL 2025-05
- <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>



PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2025-05

DOCUMENT TITLE: Proposed Uniform Data System
Changes for Calendar Year 2026



2026 UDS Clinical Measure Overview (Table 6B)

- Changed one measure: Breast Cancer Screening (Line 11a)
- Replaced one measure (Line 22): New measure is “Sealant Receipt on Permanent First Molars” replaces “Dental Sealants for Children between 6–9 Years”
- There should be no change to your data when you switch UDS Quality Measure sets from 2025 to 2026 (except for Breast Cancer Screening). So go ahead and disable the 2025 set and enable the 2026 set once you have finalized the UDS data with your HRSA Editor and get approval from your QI Director (or follow the normal procedure at your health center)



Breast Cancer Screening (CMS125v14)

- Measure changed to include new age range
- New denominator definition: between 42 to 74 years of age
- Previously (2025 and prior) it was 52 to 74 years of age
- Age relative to the end of the measurement period (same as previously)
- 2026 UDS age range the same as the 2026 QIP measure age range (last year, QIP added the 42 to 51 year age range as a monitoring measure)



Breast Cancer Screening Data

- Comparison of 2025 to 2026 data across all Aliados Health Centers (measurement period ending 12/31/2025)
- Denominator increase of 58.8% (range for individual health centers of 30.6% to 75.0%)
- Numerator percentage decrease of -1.9% (range -5.0% to 3.8%)
- When the 42 to 51 year old age range was added last year, that group had an overall numerator of 44% at the end of 2024. With the new focus on screening in this group during the year, the numerator rose to around 52% at the end of 2025.



Dental Sealant Measure

- The measure “Dental Sealants for Children between 6 to 9 years” measure (Table 6B, Line 22) will not be reported in 2026
- Nonetheless, Relevant is still providing the measure in the 2026 measure set
- Health centers can continue monitoring the old sealant measure (for patients 6 to 9 years of age) for the own performance improvement needs in addition to the new sealant measure (for patients 10 years of age)
- *The two measures have different denominator age ranges, so it might be good to monitor both for your own purposes*



New Dental Sealant Measure

- The new sealant measure (Lines 22a and 22b on the 2026 UDS) will be replaced by another dental sealant measure named “Sealant Receipt on Permanent First Molars” that has two numerators.
- The 2026 UDS Manual has not yet been released. Therefore, Relevant has not yet produced the replacement measure. The information on the following slides is based on the Medicaid specifications and may not be exactly what the UDS eventually specifies
- The following definitions may be modified or clarified once the manual is released



Sealant Receipt on Permanent First Molars (SFM-CH)

- Measure steward is the Dental Quality Alliance (so this is not an eCQM measure)
- Measure definition in plain language: The percentage of children who received dental sealants on their permanent first molars by 10 years of age.



SFM Measure Denominator

- Denominator: Children who turn 10 years of age during the reporting period and have no exclusion criteria
- Exclusion: Patients who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars
- *In other words, exclude patients without at least one sealable molar*



SFM Measure Numerator

Two numerators are reported:

1. Denominator patients with at least one sealant
2. Denominator patients with all four molars sealed



Draft of New Table 6B Section

Section M—Sealant Receipt on Permanent First Molars

Line	Sealant Receipt on Permanent First Molars	Total Patients with 10 th Birthday (a)	Number of Records Reviewed (b)	Number of Patients with Sealants to First Molars (c)
22a	MEASURE: Percentage of children who have ever received at least one sealant on a permanent first molar tooth			
22b	MEASURE: Percentage of children who have received sealants on all four molar teeth			



SFM Technical Details

- From DCA Specifications, not the UDS Manual
- The lookback period for numerator and exclusions is 48 months prior to the patient's 10th birthday (note: "prior to" does not include the 10th birthday date itself)
- First permanent molars using the Universal Numbering System
 1. Tooth Number 14: first molar maxillary left
 2. Tooth Number 3: first molar maxillary right
 3. Tooth Number 19: first molar mandibular left
 4. Tooth Number 30: first molar mandibular right



Numerator Technical Details

- Data needed for the numerator: the CDT code billed for a sealant [D1351] and the tooth number
- Numerator #1: The denominator patient had CDT code [D1351] on at least one permanent molar (tooth numbers 3, 14, 19, or 30) in the 48 months prior to the patient's 10th birthday
- Numerator #2: The denominator patient had CDT code [D1351] on tooth number 3 AND tooth number 14 AND tooth number 19 AND tooth number 30 in the 48 months prior to the patient's 10th birthday



Exclusion Technical Details

- The denominator is the same for both numerators
- Children are excluded from the denominator if they had any treatment on all four permanent molars (tooth numbers 3,14, 19, and 30) in the 48 months prior to the patient's 10th birthday
- Treatment is defined by CDT code and tooth number. One of the treatment types also requires a tooth surface code. Therefore, all of these must be present in the EHR.



Exclusions for “Treatment”

- Evaluated for each of the four individual teeth
- Has any RESTORATIVE CODE [D2140, D2150, D2160, D2161, D2391, D2392, D2393 or D2394] AND this code includes OCCLUSAL TOOTH SURFACE alone [O] or in combination with any other surface codes [examples: MO or DO or MOD or MODL or MODBL or MOL or DOL or MOB or MODB or DOB or BO or LO]
- Has any RESTORATIVE CODE [D2410 – D2999]
- Has any ENDODONTIC CODE [D3110 – D3999]
- Has any EXTRACTION CODE [D7111 – D7250 OR D7252]
- Has any PROSTHODONTIC CODE [D6205 – D6794]



Other UDS Changes

- Changes impacting non-clinical and non-financial tables
- Table 5: Remove Selected Service Detail Addendum (Lines 20a01—21h)

TABLE 5: SELECTED SERVICE DETAIL ADDENDUM

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				
Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

*2025 Table
Removed*



Other UDS Changes (Renaming Lines)

- Table 5: Line 29, Enabling Services, will be renamed to Patient Support Services and detail lines (Lines 26—29) will be reordered and renamed

TABLE 5: STAFFING AND UTILIZATION

Line	Personnel by Major Service Category
24	Case Managers
25	Health Education Specialists
26a	Eligibility Assistance Services Personnel
27a	Outreach Services Personnel
27b	Transportation Services Personnel
27c	Language Assistance Services Personnel
28a	Community Health Workers
28b	Other Patient Support Services Personnel (specify___)
29	Total Patient Support Services (Lines 24–28b)

2026 Table Format



Other UDS Changes (Renaming)

- Table 5: Line 33, Total Facility and Non-Clinical Support Personnel, will be renamed to Total Facility and Support Services Personnel
- Table 5: Line 29b, Quality Improvement Personnel, will be removed, and QI personnel will be reported on Line 30c, Information Technology Personnel.

TABLE 5: STAFFING AND UTILIZATION

Line	Personnel by Major Service Category
30a	Management and Support Personnel
30b	Fiscal and Billing Personnel
30c	Information Technology Personnel
31	Facility Personnel
32	Patient Registration and Health Records Personnel
33	Total Facility and Support Services Personnel (Lines 30a–32)

2026 Table Format



Other UDS Changes (Table 6B)

Remove these lines from Table 6B

These are the 2025 lines that will be removed

SELECTED DIAGNOSES

Line	Diagnostic Category
Selected Infectious and Parasitic Diseases	
4c	Novel coronavirus (SARS-CoV-2) disease
4d	Long COVID
6a	Respiratory conditions related to COVID-19
Selected Other Medical Conditions	
7	Abnormal breast findings, female
8	Abnormal cervical findings
12	Contact dermatitis and other eczema

SELECTED SERVICES RENDERED

Line	Service Category
Selected Diagnostic Tests/ Screening/Preventive Services	
21c	Novel coronavirus (SARS-CoV-2) diagnostic test
21d	Novel coronavirus (SARS-CoV-2) antibody test
22	Mammogram
23	Pap test
30	Sealants
33	Oral surgery (extractions and other surgical procedures)
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)



Other UDS Changes (Table 6B)

- Add the following lines
- Line 9a (Selected Other Medical Conditions): Diabetes Mellitus Type 1
- Line 20g (Selected Mental Health Conditions, Substance Use Disorders, and Exploitations): Intellectual and Developmental Disabilities
- Line 26g (Selected Diagnostic Tests/ Screening/Preventive Services): Autism Spectrum Disorder Screening
- Lines 35 to 38 (NEW section for Patient Support Services): number of patients receiving case management services, eligibility assistance, transportation, and language assistance services



CQM Value Set Changes

- Looks like all of the Value Set names and OID from 2025 are the same as 2026
- No recommendations for changing Data Elements or Transformers that use Value Sets
- Joins should still use “latest = TRUE”
- No investigation was done to see if the codes within the value sets have changed. It is normal for there to be adjustments year-to-year



Suggested 2026 UDS Goals for Relevant Measure Graphs

- Last year, Aliados Health recommended a number of UDS goals based on goals from the HRSA Community Health Quality Recognition (CHQR) badge program
- <https://bphc.hrsa.gov/initiatives/advancing-health-center-excellence/community-health-quality-recognition-chqr-overview>
- Currently, on the CHQR “Badge Criteria, Measures, and Targets” section of the overview webpage, the 2025 badge targets display the same numbers as last year. Therefore, the recommended targets are the same (see next slide).
- If this changes later in the year, it will be noted in a future Data Workgroup Webinar
- These targets will be added to the UDS Quality Measures in the Aliados Health Relevant aggregate instance



List of Recommended Targets (2025)

For now, no changes for 2026

Table	Table Row	Measure name	Aliados Health Recommended Target	Aliados Health Recommended Target Source
6B	7	Early Entry into Prenatal Care	80.5%	Healthy People 2030 Target
6B	10	Childhood Immunization Status	37.7%	2024 UDS California Top Quartile
6B	11	Cervical Cancer Screening	79.2%	Healthy People 2030 Target
6B	11a	Breast Cancer Screening	80.3%	Healthy People 2030 Target
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	85.1%	Top quartile (2023 data)
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	86.0%	Top quartile (2023 data)
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	80.0%	Million Heart Goals (2022)
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	80.0%	Million Heart Goals (2022)
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	80.0%	Million Heart Goals (2022)
6B	19	Colorectal Cancer Screening	72.8%	Healthy People 2030 Target
6B	20	HIV Linkage to Care	95.0%	Healthy People 2030 Target
6B	20a	HIV Screening	73.0%	2024 UDS California Top Quartile
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	85.8%	Top quartile (2023 data)
6B	21a	Depression Remission at Twelve Months	18.0%	Top quartile (2023 data)
6B	22	Dental Sealants for Children between 6-9 Years	76.9%	Top quartile (2023 data)
6B	23a	Initiation and Engagement of Substance Use Disorder (SUD) Treatment - Initiation Numerator	-	-
6B	23b	Initiation and Engagement of Substance Use Disorder (SUD) Treatment - Engagement Numerator	-	-
7	Section A	Low Birth Weight Delivery	4.1%	2024 UDS California Top Quartile
7	Section B	Controlling High Blood Pressure	80.0%	Million Heart Goals (2022)
7	Section C	Glycemic Status Assessment Greater Than 9%	11.6%	Healthy People 2030 Target

2024 Quartile Data not yet released

2024 Quartile Data not yet released



Changes to the QIP Quality Measure Set



Changes to Measure Set Tracked in Relevant

- Breast Cancer Screening now has the full age range (42 to 74 years of age). The 42 to 51 year age range was a separate monitoring measure last year and has been removed.
- Chlamydia Screening is now a Clinical Domain measure for Family Medicine and Internal Medicine. It was a monitoring measure last year for these clinic types.
- New QIP measure: Kidney Health Evaluation for Patients with Diabetes



2026 QIP Measure Thresholds

Section/Measure	2026 QIP Measure Name	Full Point Target	Partial Point Target
Clinical Domain			
Measure 1	Breast Cancer Screening	55.87%	N/A
Measure 2	Cervical Cancer Screening	68.16%	64.06%
Measure 3	Child and Adolescent Well-Care Visits	67.63%	61.47%
Measure 4	Childhood Immunization Status - Combo 10	39.89%	33.41%
Measure 5	Chlamydia Screening		
	<i>16 to 24 year olds (Family Medicine)</i>	56.30%	N/A
	<i>21 to 24 year olds (Internal Medicine)</i>	56.30%	N/A
	<i>16 to 20 year olds (Pediatrics)</i>	70.67%	65.47%
Measure 6	Colorectal Cancer Screening	53.31%	48.22%
Measure 7	Comprehensive Diabetes Management – HbA1c Good Control	76.40%	73.48%
Measure 8	Comprehensive Diabetes Management – Retinal Eye Exam	68.61%	62.53%
Measure 9	Controlling High Blood Pressure	75.43%	71.34%
Measure 10	Lead Screening in Children	82.86%	76.34%
Measure 11	Immunizations for Adolescents	52.31%	43.55%
Measure 13	Well-Child Visits in the First 15 Months of Life	71.71%	67.49%
Measure 14	Well-Child Visits in the First 15-30 Months of Life (Pediatrics)	82.12%	77.50%
Measure 15	Kidney Health Evaluation for Patients with Diabetes	42.13%	N/A
Monitoring Measures			
Monitoring Measure 1	Topical Fluoride for Children	21.60%	N/A
Monitoring Measure 2	Well-Child Visits in the First 15-30 Months of Life	72.32%	N/A



Threshold Changes (2025 to 2026)

Measure Name	2025 to 2026 Difference		
	Full Target	Partial Target	Target Definition Change
Breast Cancer Screening	-7.61%		Went from the 90th percentile of 52 to 74 year old range to now the 50th percentile of the 42 to 74 year old range
Cervical Cancer Screening	0.70%	2.50%	No change
Child and Adolescent Well-Care Visits	2.89%	3.40%	No change
Childhood Immunization Status - Combo 10	-2.45%	-1.38%	No change
Chlamydia Screening			
<i>Family and Internal Medicine</i>	0.35%		
<i>Pediatrics</i>	14.72%		Went from 50th percentile for full only to now the 90th percentile for full and 75th percentile for partial
Colorectal Cancer Screening	9.60%	10.15%	Went from 75th percentile for full and 50th percentile for partial to now the 90th percentile for full and 75th percentile
Comprehensive Diabetes Management – HbA1c Good Control	12.90%	12.65%	No change
Comprehensive Diabetes Management – Retinal Eye Exam	4.55%	3.12%	No change
Controlling High Blood Pressure	2.68%	1.97%	No change
Lead Screening in Children	3.35%	5.23%	No change
Immunizations for Adolescents	3.51%	2.67%	No change
Well-Child Visits in the First 15 Months of Life	2.04%	2.50%	No change
Topical Fluoride for Children	2.30%		Went from 25th percentile for full to now the 50th percentile for full
Well-Child Visits in the First 15-30 Months of Life			
<i>Family and Internal Medicine</i>	2.89%		No change
<i>Pediatrics</i>	12.69%		Went from 50th percentile for full only to now the 90th percentile for full and 75th percentile for partial

Yellow highlight = relatively large change



Kidney Health Evaluation for Patients with Diabetes (KED)

- New measure for 2026
- Note that the QIP diabetes A1c and diabetes retinal eye exam Quality Measures should have the same denominator (regardless if you are looking at the measure for Partnership patients only or for all patients who meet the denominator)
- However, the new kidney health QM has some different denominator and exclusion definitions, so the denominator will **not** be the same



KED Numerator Labs

- Relevant QM Name is “Diabetes: Kidney Health Evaluation (QIP 2026) PARTNERSHIP PATIENTS ONLY”
- No new Data Elements are needed
- HEDIS Value Sets are used directly in the SQL code to define numerator labs by LOINC
- Make sure all numerator labs have an appropriate LOINC



KED Denominator Definition

- Patients 18 to 85 years of age by the end of the measurement period
- Diagnosed with diabetes (type 1 or type 2)
- QIP definition has the standard criterion for continuous Partnership enrollment
- All-patient definition has the criterion for at least one UDS medical visit in the measurement period
- Different definition than the other two QIP Diabetes Measures, which have an age range of 18 to 75 years



KED Exclusion Definition

Exclude patients from the denominator with any of the following:

- Received hospice care, palliative care, or died during the measurement period
- Age 66 years or older and living in a nursing home
- Age 66 to 80 years with both frailty and advanced illness
- **Age 81 or older with frailty**
- **Diagnosed with end stage renal disease (ESRD) or had dialysis any time before the end of the measurement period**

Red text = different than other two QIP DM measures



KED Numerator Definition

Denominator patients who received a kidney health evaluation, defined by both of the following during the measurement period:

- At least one Estimated Glomerular Filtration Rate (eGFR) lab test
- At least one Urine Albumin Creatinine Ratio (uACR) lab test

The uACR can be split into its components as long as they are done 4 days or less apart:

- A quantitative urine albumin test
- A urine creatinine test



Preliminary KED Data

- PHP full point target: 42.13%
- Initial version of the SQL code on the Aliados Health Aggregate shows an overall (weighted) numerator of 48.1% from the 2025 measurement period.
- The numerator range for individual health centers is 25.0% to 67.6%.



Naming QIP/HEDIS Quality Measures in Relevant

- The QIP QM that displays QIP denominator patients from Partnership will have **(QIP 2026) PARTNERSHIP PATIENTS ONLY** in the name. This is a similar scheme as in 2025
- The optional QM that displays *all patients* who meet denominator criteria will have **(Aligns with 2026 HEDIS Measure XYZ)** in the name, where XYZ is the HEDIS abbreviation (for example, KED). This is a change from 2025 where the measure had the text “(QIP 2025, for all patients)”



Colorectal Cancer Screening: Cologuard Lab Tests

- Should be pulled by the Data Element `rdm.stool_dna_tests` (but main SQL may be in a Transformer)
- Join lab result LOINC to the CQM Value Set sDNA FIT Test (2.16.840.1.113883.3.464.1003.108.12.1039)
- LOINC Codes in this Value Set: 77353-1 and 77354-9
- Make sure that all of your Cologuard Lab Tests have the appropriate LOINC
- Check labs with the name “Cologuard” in the lab name or the component name



Example of Cologuard Lab Test Names Without LOINC

Look for labs with “Cologuard” in the Lab Test name, but without a LOINC code:

- Cologuard
- Cologuard (AVHC)
- Cologuard® colon cancer screening
- Cologuard (FITDNA)
- Cologuard FIT-DNA
- COLOGUARD RESULT REPORTABLE
- Cologuard Stool FITDNA Test
- COLORECTAL CANCER SCREENING (COLOGUARD); STOOL-BASED DNA AND FECAL OCCULT HEMOGLOBIN REF AUTH REQUEST FMF
- EXTERNAL LAB: FIT-DNA COLOGUARD
- FIT-DNA (eg. Cologuard)
- LAB COLOGUARD® COLON CANCER SCREEN AMB



Example of other Cologuard tests Without LOINC

A small number of Cologuard lab tests do not have “Cologuard” in the Test Name but rather in the Component Name

- COLOGUARD EXT
- Cologuard FIT DNA
- Cologuard



Changes to the HEDIS / PHMI Quality Measure Set



Non-QIP HEDIS Measures Used for PHMI

- PHMI Health Centers will have all appropriate 2026 Quality Measures copied to their instance so that the 2026 PHMI Report works properly.
- For these health centers, the measures display only Partnership patients in the denominator.
- All of these Quality Measures will also have a version that evaluates the denominator for all patients (not just Partnership patients)
- The all-patient version will be available on the Aliados Health aggregate instance and can be copied and monitored by any health center



All-Patient HEDIS Quality Measures

- Adult Access to Preventive/Ambulatory Health Services
- Child and Adolescent Well-Care Visits
- Chlamydia Screening in Women
- Depression Remission or Response for Adolescents and Adults (3 numerators)
- Diabetes: Kidney Health Evaluation
- Diabetes: Retinal Eye Exam
- Immunizations for Adolescents
- Lead Screening in Children
- Prenatal Depression Screening and Follow-Up
- Postpartum Depression Screening and Follow-Up
- Prenatal and Postpartum Care (2 numerators)
- Topical Fluoride for Children
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits for Ages 15 Months–30 Months



Measures with Depression Follow-up

- Follow-up to a positive depression screen can now include exercise counseling (ICD-10-CM code Z71.82)
- Applies to the general depression screening and follow-up measure (DSF) as well as the prenatal (PND) and postnatal (PDS) population-specific measures



Estimated Impact

- Does not make much of a difference at all, but is technically correct
- For all patients in the Depression Screening and Follow-Up for Adolescents and Adults (DSF) measure for all health centers in the Aliados Aggregate, the numerator went up by 0.1% (range for individual health centers from 0.0% to 0.7%)



HEDIS Value Set Changes

- Only one change detected
- Data Element: TDAP Immunizations
- Previously, there was a Value Set for Tdap Vaccine Procedures
- Since there is only one immunization code (CVX code 115) and one procedure code (CPT code 90715), the measure does not specify actual Value Sets any more. Therefore, if this Data Element (or associated Transformer) has a join to the HEDIS Value Set Data Element, remove the join and place the above codes directly in the SQL.
- The Value Set link (with “latest”) will no longer work



Next Steps



Coming Soon!

Will be Uploaded to the Aliados Health Website (Data Workgroup and Report Documentation)

- 2026 Comparison Document. This spreadsheet compares the 2026 measure definitions of all our major initiatives
- 2026 Value Set Document. List of value sets that are recommended for use with the standard Data Elements

Will be copied to health center Relevant (depending on participation)

- 2026 QIP and PHMI Quality Measures



QUESTIONS?

