



# Value-based Care Chronicle: Guide to Improving Performance

December 2025

We hope the Chronicle continues to bring you useful insights. As we work to keep you informed about the latest trends and best practices, your feedback helps us refine our approach. Please take a moment to complete this short survey and share what's working well and where we can improve.

<https://www.surveymonkey.com/r/MPC5VCF>

## Wrapping up Quality:

### *EOY Performance Push*

December is here, and it's the season for checking lists twice -- including your quality gap list! As we head into the final stretch of the performance year, every visit, chart update, and closed gap makes a meaningful difference for your patients and your performance.

**REMINDER: For gap closure, the visit or action must occur in 2025, but documentation can be submitted up to each payer's deadline:**

- Aetna MA: DOS Jan-Sept 12/31/25; DOS Oct 1 - Dec 31 2/6/26
- United MA ACO: 1/10/2026; A1c 1/31/26
- United MA GR/MAPCPi: 1/10/2026; A1c 1/31/26
- Humana MA: 2/1/26

## Priority Quality Measures: GSD & CBP

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

*For quality reporting, the last A1c of the year is evaluated. If A1c level is out of range, ensure patients have follow-up appointments to return for another check before EOY.*

- A1c results from outpatient, inpatient, or ED settings all qualify for reporting.
- GMI results collected by patients and documented in EMR can also be used for reporting.
- Document E11.A, Type 2 Diabetes in Remission, when criteria are met (HbA1c <6.5% for 3 months, off all glucose-lowering medications, no active diabetic complications, and explicit documentation of "in remission").
- Submit a claim using CPT II codes to close the gap.

### Controlling High Blood Pressure (CBP)

*Only the most recent reading counts toward compliance. If multiple readings are taken on the same day, report the lowest systolic and diastolic values.*

- When a patient's BP is elevated, recheck it after at least 5 minutes, and if it remains high, document a follow-up plan.
- Patient-reported digital device readings are acceptable.
- Do not include readings taken in the ED, inpatient stays, or during procedures requiring medication/diet changes.
- Submit a claim using CPT II codes to close the gap.

## Documentation Drives HCC & Quality Success

Strong documentation is one of the most important tools for closing quality measures. Accurate, timely notes ensure every screening, follow-up, and chronic condition management activity is captured and counted. This is especially critical in the final weeks of the year, when even one updated chart or completed form can make the difference in meeting quality benchmarks.

- Complete documentation turns clinical care into measurable performance. The care is happening, but without clear documentation, it won't count toward quality scores or risk models.
- Good documentation supports both diagnosis codes and CPT II codes. CPT II codes help close quality gaps and show active management.
- CPT II codes make quality reporting easier and more accurate by capturing key actions -- like A1c results, screenings, and follow-ups -- directly in the claim.
- When CPT II codes align with complete documentation, they reflect real-time care and support value-based care goals. This ensures the care provided is recognized by CMS and payers.

## CODING CORNER: DISEASE INTERACTIONS

CMS recognizes that patients with multiple complex conditions often face higher costs and unique care challenges. That's why disease interactions among coexisting conditions are included in the CMS Risk Model.

Disease interactions are calculated annually from claims data, so each diagnosis must be submitted at least once per year to be counted in both disease interaction and chronic condition totals.

Best Practices for Documentation:

- Document and code ALL conditions present at the time of the encounter that require or affect patient care, treatment, or management.
- Assess and capture ALL chronic conditions, even if stable, at least annually and whenever they impact the diagnosis or treatment of another condition.
- Submit ALL applicable diagnoses this month to ensure they are included in this year's risk calculations.

[Disease Interactions Documentation & Coding Tip Sheet](#)

## Additional Resources

- [2026 HIPAA Rule Updates](#)
- [CMS Finalizes 2026 Physician Fee Schedule: What You Need to Know](#)

Past VBC Chronicle Editions