

Data Submission for 2025 EHR Measures

This is a quick guide supplement to the [EHR Guidance Documentation](#). The data submission adds data to the [EHR Measures Reporting Template](#). Data submissions are due no later than **5:00 p.m. Pacific Time on March 31, 2026**.

Data Submission Fields

CCOs should add values to the numerator, denominator, denominator exclusion, and denominator exclusion columns for all reported measures (column letters below) in the Data Reporting Template tab:

- Depression (N-R)
- Hypertension (X-AA)
- Diabetes (AG-AJ)
- Smoking (Ap-AW)
- SBIRT (BC-BK)

Details for these fields can be found in the column definition tab of the reporting template. Reporting must be aligned to the [measure specifications](#).

CCOs must also complete the questions in the Data Submission Questions tab to provide additional information about the data submitted and ensure the data is complete.

Review Process

OHA will complete two reviews of the data submissions. The first review is to ensure that the data submitted is complete and correctly formatted. OHA will review the Data Submission and notify the CCO no later than April 14, 2026 if additional information or corrections are needed. The CCO will have 10 business days to respond or revise the CCO EHR-Based Reporting Template fields.

Once the initial review is complete OHA will begin a secondary review to evaluate the content of the data submission and perform data validations. The CCO will be notified within 20 days of the date the secondary review was initiated. The CCO will have 10 business days to respond or resubmit the data submission as needed. The deadline for approval of the data submission is May 21, 2026.

Data Validation

OHA data submission validations can be found in the Dashboard tab and are detailed in the Data Reporting Template tab (columns BV-DK):

Validations with * are required to be addressed for the data submission to be accepted. Other validations are flagged as potential issues that will be considered and depending on severity OHA reserves the right to require that these validations be addressed before the submission is accepted. OHA considers historical patterns when deciding whether a validation is an issue. These data validations will be run as part of the secondary review listed above.

Denominator Validations

Low denominator: flagged when the denominator is zero or low based on a threshold for each measure

*$(\text{Metric Denominator} / \text{Baseline Population}) * 100 < \text{Low Denominator Threshold for Metric}$*

Low Denominator Thresholds can be found in the Dashboard tab

High denominator: flagged when the denominator is higher than the baseline population

*(Metric Denominator/Baseline Population) * 100 > High Denominator Threshold for payer type*

Threshold for CCO Medicaid Only is greater than 100% and All Payer is greater than 1000%

Baseline population is defined as:

Measures	Baseline Population
Hypertension and Diabetes	# of CCO Members empaneled at Practice ADULTS (H)
Depression, Smoking, and SBIRT	# of CCO Members empaneled at Practice ADULTS (H) + 20% of # of CCO Members empaneled at Practice CHILDREN (I)

High Exclusion/Exception Rate Data Validation

Flagged when the % of cases with exceptions/exclusions is greater than the threshold for each measure

*((Exclusions + Exceptions)/Metric Denominator)*100 > Metric Threshold*

2024 High Exclusion/Exception Thresholds can be found in the Dashboard tab, but may be adjusted once all the 2025 results have been submitted.

Incorrect Performance Calculation *

Flagged when the calculated performance is less than 0 or greater than 100%

(Numerator)/(Denominator before Exclusions & Exceptions – Exclusions – Exceptions) > 100% or < 0%

Numerator Data Validation

Flagged when the numerator is low

(Numerator)/(Denominator before Exclusions & Exceptions – Exclusions – Exceptions) < Threshold

The threshold for numerator data validation is under 5% for smoking, under 10% for diabetes, and 0% for depression, hypertension, and SBIRT.

Measure Specific Data Validation *

Depression and SBIRT: If the payer types are the same for both measures the denominators before exclusions and exceptions should be equal.

SBIRT: Data will be flagged if

- the Rate 2 denominator > Rate 1 denominator
- the Rate 2 denominator ≥ Rate 1 numerator (except when the numerator is less than 5)

Cigarette Smoking and Other Tobacco:

The data will be flagged if:

- Smoking prevalence denominator (AU) > the smoking status denominator (AQ)
- Smoking prevalence denominator (AU) ≠ smoking status numerator (AP)
- Broader tobacco use numerator (AT) < cigarette smoking only numerator (AS), because everyone that is smoking cigarettes should be included in the broader tobacco use

- Smoking performance Rate Status Recorded (AR) Percentage < 75%
(Note: this is the only measure specific data validation that will be flagged as a potential concern rather than requiring adjustment for data submission to be accepted)

Cross Measure Validations

The data will be flagged if:

- Hypertension denominator (Y) \leq diabetes denominator (AH)
- Hypertension denominator (Y) > depression denominator (O)*
- Diabetes denominator (AH) > depression denominator (O)*
- Hypertension denominator (Y) > SBIRT Rate 1 denominator (BD)
- Diabetes denominator (AH) > SBIRT Rate 1 denominator (BD)

Validation Flag Exceptions

Validation checks will not apply to practices that are:

- Low Patient Count Practices: Practices with a baseline population of less than 200 patients (50 patients for cigarette smoking metric) are considered low patient count practices. This exception is applied to the low denominator, high denominator, low numerator, and cross measure validations.
- Pediatric Practices: Those with 80% children (based on the empaneled population) are considered pediatric practices. This exception is applied to the low denominator (Hypertension, Diabetes, SBIRT Rate 2), low numerator (Hypertension, Diabetes, SBIRT Rate 2, Smoking), and cross measure validations comparing diabetes and hypertension.

* Validations required to be addressed

Additional Information

Additional information and details can be found in the [EHR Guidance Documentation](#)