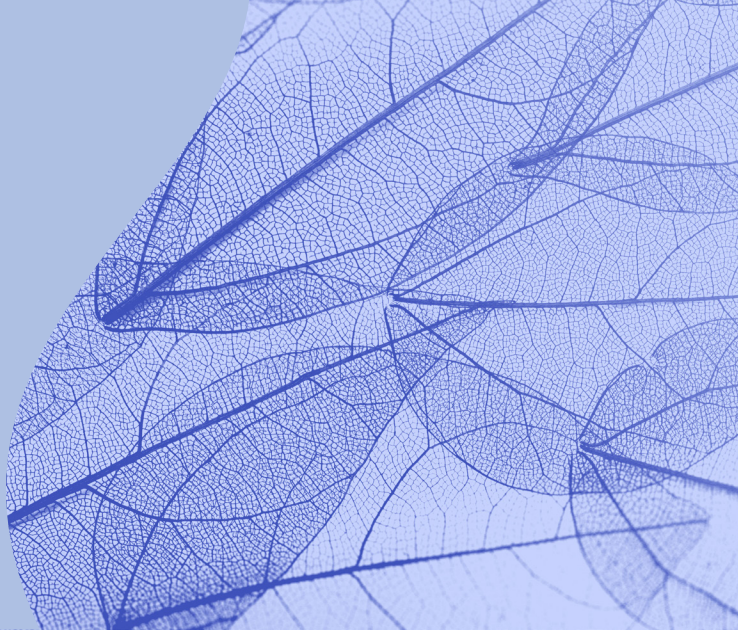
Sentara® Health Plans

HEDIS Measurement Year 2026 Highlights and Changes



The Healthcare Effectiveness Data and Information Set (HEDIS®) continues to evolve to reflect best practices in care delivery and quality measurement. For Measurement Year (MY) 2026, NCQA updated the measure format, added seven new measures, retired two measures, and transitioned four measures into the Electronic Clinical Data Systems (ECDS), in addition to smaller changes across multiple measures.

New Format

The technical specifications new format aligns with the Fast Healthcare Interoperability Resources (FHIR®) data standards. FHIR is a standard for electronically exchanging healthcare information and is similar to the HEDIS ECDS reported measures. FHIR data standards enable future interoperability of HEDIS measures across systems. NCQA did not modify the intent, data collection requirements, or measure calculations of the HEDIS measures for MY 2026. The new format will not impact HEDIS performance results.

Additional updates to the specifications of the new format:

- Integration of the clinical evidence base and general guidelines, reducing the need to reference multiple resources.
- Updated terminology for consistency with FHIR and to reflect how measures are used.
  - Initial population replaces eligible population
  - Denominator exclusions replaces required exclusions
  - Measurement period replaces measurement year
  - Person replaces member

New HEDIS Measures

The new HEDIS measures are risk-adjusted utilization measures. The measures address acute hospitalizations following outpatient surgeries, health plan disability membership makeup, follow-up after acute and urgent care visits for asthma, and tobacco use screening and cessation.

The measures are targeted to outpatient surgical procedures and evaluate the risk adjusted ratio of observed to expected unplanned acute hospitalizations of any diagnosis within 15 days of the procedure for persons 65 years of age and older. The new measures were developed to assess the quality of care provided by health plans after surgery.

Intent: Most surgeries are performed in outpatient settings. Health plans can provide services that help ensure proper care coordination during the critical post-surgical period. NCQA sees this as a quality measurement gap to fill and developed these new measures to assess the quality of care provided by health plans after surgery.

Four Risk Adjusted Utilization Measures:

- Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO).
- Acute Hospitalizations Following Outpatient General Surgery (HFG).
- Acute Hospitalizations Following Outpatient Colonoscopy (HFC).
- Acute Hospitalizations Following Outpatient Urologic Surgery (HFU).

One Health Plan Descriptive Measure

- **Disability Description of Membership (DDM).** An unduplicated count and percentage of members enrolled at any time during the measurement year, by disability status, and disability status source. This measure promotes the collection of disability status to advance equitable care.

Intent: People with disabilities are more likely to report poorer overall health and have less access to adequate health care. In recognition of the need to advance equitable care and outcomes for people with disabilities, NCQA conducted an environmental scan and engaged with the disability and disability advocacy community to develop this measure. The measure intent is to encourage collection of disability information from members, which will enable future strategies for assessing quality of care for people with disabilities such as measure stratification, risk adjustment, and targeted measure development.

Two Reported ECDS Measures

- **Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E).** The percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit, with a diagnosis of asthma, who had a corresponding outpatient follow-up visit with a diagnosis of asthma, within 30 days.

Intent: Studies show that individuals with asthma frequently utilize acute and urgent care to address exacerbations, which are indicators of poorly controlled asthma. Clinical guidelines recommend follow up with an outpatient care provider to assess asthma control and review medication use. This measure's intent is to incentivize coordination of follow-up care in an appropriate time frame for patients experiencing asthma exacerbations.

- **Tobacco Use Screening and Cessation Intervention.** The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period and received tobacco cessation intervention after being identified as a tobacco user. Two rates are reported:
  1. Tobacco Use Screening. The percentage of persons who were screened for tobacco use.
  2. Cessation Intervention. The percentage of persons who were identified as a tobacco user and received tobacco cessation intervention (counseling or pharmacotherapy).

Intent: Commercial tobacco use is the leading cause of preventable disease, disability, and death in the United States. Smoking cessation can reduce the risk of negative health effects regardless of age or how long someone has been smoking. This measure expands NCQA's focus on wellness and prevention, which aligns with national health care priorities

Changes to Existing HEDIS Measures

- **Follow-Up After High-Intensity Care for Substance Use Disorder (FUI).** Updated the measure to allow substance use disorder diagnoses in any position on the follow-up claim. The measure expanded the numerator to include peer support services as an appropriate follow-up visit.
- **Statin Therapy for Patients With Cardiovascular Disease (SPC-E) and Statin Therapy for Patients With Diabetes (SPD-E).** Updated the cardiovascular measure to remove sex-specific age bands. Both measures removed the "I-SNP or long-term institutional (LTI) care" exclusion, and the approach for identifying atherosclerotic cardiovascular disease (ASCVD) was updated.
- **Adult Immunization Status (AIS-E).** Added a COVID-19 indicator to the measure that targets persons 65 and older.
- **Social Need Screening and Intervention (SNS-E).** Updated the measure to add codes to identify screening numerator events and intervention denominator and numerator events, and updated the I-SNP and LTI exclusions to include all ages.

Cross-Cutting Updates

NCQA introduced crosscutting updates for MY 2026 to streamline reporting and alignment with federal standards.

- **Removed SSoRs from ECDS Data Elements Tables.** NCQA no longer requires HEDIS measure data in ECDS reporting to be submitted by each source system of record (SSoR) accessed to produce the measure result. As NCQA expands the list of measures available for ECDS reporting, this update will simplify reporting and enable the transition to digital quality measurement.
- **Race and Ethnicity Stratification Reporting.** NCQA incorporated the following updates to align the Race and Ethnicity Stratification standards to ensure alignment with the Office of Management and *Budget's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity:*
  - Added Middle Eastern or North African as a minimum reporting category.
  - Updated narrative terminology for category descriptions to modernize and improve clarity.

ECDS Reporting

- NCQA will allow voluntary ECDS reporting for the **Blood Pressure Control for Patients With Diabetes (BPD-E)** measure.
- NCQA retired the Administrative and Hybrid reporting methods for **Lead Screening in Children (LSC), Statin Therapy for Patients With Cardiovascular Disease (SPC)** and **Statin Therapy for Patients With Diabetes (SPD).** Only the ECDS reporting method will be used for these measures.

Retired Measures

- **Asthma Medication Ratio (AMR).** This measure distinguishes between asthma controller and reliever medications and calculating dispensed units of each. This approach does not align with clinical guidelines, which recommend combined maintenance and reliever therapy that includes both controller and reliever medications. In addition, AMR only includes individuals with persistent asthma, as defined by a proxy definition based on health care utilization and medication dispensing. This restricts the eligible population to patients with high levels of health care access or who use health services frequently. The numerator is calculated using a complex methodology based on medication package and unit size information. This information is not consistently available for all medications, posing a barrier to accurate calculation of health plan performance.
- **Medical Assistance With Smoking and Tobacco Use Cessation (MSC).** This survey measure only addresses current adult tobacco users and does not include screening rates or adolescents. It is being replaced by the new ECDS measure Tobacco Use Screening and Cessation Intervention, which assesses screening for commercial tobacco product use in persons 12 and older and evidence-based cessation strategies for current tobacco users.

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Sources:

1. National Asthma Education and Prevention Program (NAEPP) Coordinating Committee Expert Working Group. 2020 Focused Updates to the Asthma Management Guidelines. 2020. National Heart, Lung, and Blood Institute, nhlbi.nih.gov/resources/2020-focused-updates-asthma-management-guidelines.
2. McIvor, Alexander, and Alan Kaplan. "A Call to Action for Improving Clinical Outcomes in Patients with Asthma." npj Primary Care Respiratory Medicine, vol. 30, no. 54, 2020.
3. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2024, ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf.

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