

# Navigating the changes: MY 2026 measures in focus

Proposed new measures and measure retirements for MY 2026



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## Introduction

As healthcare continues to evolve, the National Committee for Quality Assurance (NCQA) is proposing significant updates to the HEDIS measures for Measurement Year (MY) 2026. These changes aim to enhance the quality of care and address emerging health needs. In this piece, we explore the proposed new measures, revisions to existing ones, and the potential impact on healthcare quality<sup>[1]</sup>.



## Proposed new HEDIS measures

### Follow-Up After Acute Care Visits for Asthma (AAF-E)

- **Analysis:** This measure assesses the percentage of acute visits for asthma in members aged 5–64 who had a follow-up visit within 30 days. By focusing on follow-up care, this measure aims to improve asthma control and reduce acute exacerbations, which often indicate poorly managed asthma<sup>[2] [3]</sup>.
- **Opinion:** Replacing the Asthma Medication Ratio (AMR) measure with this new asthma measure is a positive step. It shifts the focus from medication ratios to actual patient outcomes, which is crucial for effective asthma management.

### Tobacco Use Screening and Cessation Intervention (TSC-E)

- **Analysis:** This measure targets members aged 12 and older, assessing the rate of tobacco use screening and cessation interventions. Given the significant health risks associated with tobacco use, enhancing screening and intervention efforts is vital<sup>[1]</sup>.
- **Opinion:** Replacing the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure with this new measure is a strategic move. It emphasizes proactive intervention, which can lead to better health outcomes.

### Disability Description of Membership (DDM)

- **Analysis:** This measure tracks the collection of disability status information for members aged 15 and older. Comprehensive documentation on disability data can help identify care disparities and develop targeted measures to address these gaps<sup>[4]</sup>.
- **Opinion:** Improving the completeness and standardization of disability data is essential. This measure can lead to more equitable healthcare by ensuring that the needs of persons with disabilities are adequately addressed.

## Changes to existing HEDIS measures for MY 2026

### Social Need Screening and Intervention (SNS-E)

- **Analysis:** The proposed changes include adding HCPCS G codes and ICD-10 Z codes, and removing assessments from allowable interventions. These updates aim to better identify and address social needs<sup>[5]</sup>.
- **Opinion:** Enhancing the identification of social needs is crucial for holistic patient care. These changes can lead to more effective interventions and improved patient outcomes.

### Adult Immunization Status (AIS-E)

- **Analysis:** Adding a new indicator for COVID-19 immunization status for adults aged 19 and older aligns with current public health priorities<sup>[6]</sup>.
- **Opinion:** Including COVID-19 immunization status is a timely and necessary update. It ensures that immunization efforts are tracked and prioritized.



### Lead Screening in Children (LSC-E)

- **Analysis:** Transitioning to using only the Electronic Clinical Data Systems (ECDS) reporting method reflects NCQA's aim to fully digitize quality measurement by 2030<sup>[7]</sup>.
- **Opinion:** Digitizing quality measurement is a forward-thinking approach. It can lead to more accurate and efficient data collection and reporting.



## Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- **Analysis:** Proposed changes include allowing the substance use diagnosis in any diagnosis position, adding peer support services, and removing pharmacotherapy events<sup>[8]</sup>.
- **Opinion:** These updates can enhance the support provided to individuals with substance use disorders, leading to better recovery outcomes.

## Statin Therapy for Patients With Cardiovascular Disease (SPC) and Statin Therapy for Patients with Diabetes (SPD)

- **Analysis:** Transitioning from administrative reporting to ECDS reporting and updating member identification criteria<sup>[7]</sup>.
- **Opinion:** These changes can improve the accuracy of reporting and ensure that more patients receive appropriate statin therapy.

## Race and Ethnicity Stratification Changes

- **Analysis:** Aligning with updated federal standards, combining race and ethnicity into a single reporting unit, and adding a category for Middle Eastern or North African members<sup>[9]</sup>.
- **Opinion:** These updates are crucial for accurate and inclusive reporting. They can help identify and address health disparities more effectively.



## Changes that are not open for public comment

### Breast Cancer Screening (BCS-E)

- **Analysis:** Expanding to include members aged 40–49 for MY 2025 <sup>[10]</sup>.
- **Opinion:** This expansion is important for early detection and treatment of breast cancer in younger women.

### Publication Delay of 2025 RAND Table

- **Analysis:** Delaying the publication to October 2025 for systematic sampling algorithm <sup>[11]</sup>.
- **Opinion:** While delays can be challenging, this may be necessary to ensure accuracy and reliability.

### Removal of SNOMED Codes

- **Analysis:** Removing these codes from value sets identifying lab tests, imaging studies, and vaccinations for MY 2026 <sup>[12]</sup>.
- **Opinion:** Streamlining value sets can simplify reporting processes and reduce administrative burden.

### Updating HEDIS Volume 2 Specifications

- **Analysis:** Aligning the specifications for MY 2026 with FHIR standards <sup>[13]</sup>.
- **Opinion:** This alignment is a positive step towards modernizing healthcare data exchange.

### New ECDS Version of Blood Pressure Control for Patients with Diabetes (BPD)

- **Analysis:** Introducing for “optional” reporting in MY 2026 <sup>[14]</sup>.
- **Opinion:** Offering an optional ECDS version allows for gradual adoption and testing of new reporting methods.





## Conclusion

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The proposed changes to HEDIS measures for MY 2026 reflect a commitment to improving healthcare quality and addressing emerging health needs. By incorporating new measures, revising existing ones, and aligning with modern standards, NCQA is paving the way for a more effective and equitable healthcare system. These updates not only enhance the accuracy of quality measurement but also ensure that patient care remains at the forefront of healthcare priorities.



## References

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