

Notification of Changes for HEDIS^{®1}

NCQA does not seek comment on the following changes.

Release of Volume 2: Technical Specifications

The *HEDIS Measurement Year 2025 Volume 2: Technical Update* will be released on March 31 as a full-text publication that includes direct edits. Organizations will now see the exact placement of updates.

This is in lieu of the memo table format referencing phrasing and edit location. Changes in the Technical Update are required for HEDIS MY 2025 reporting.

NCQA will release *HEDIS Measurement Year 2026 Volume 2: Technical Specifications for Health Plans* on August 1.

Measure Changes for HEDIS MY 2025 Technical Update

Breast Cancer Screening: NCQA is expanding the age range from 50–74 to 40–74.

Rationale: This measure is based on U.S. Preventive Services Task Force (USPSTF) recommendations that expand the ages for biennial mammography screening for women 40–74 at average risk of breast cancer.

The RAND table will be removed from HEDIS Volume 2 with the release of the Technical Update. Beginning MY 2025, NCQA will use an alternative timeline and approach to distribute RAND numbers for HEDIS reporting. This information will be released in the NCQA store for purchasers of HEDIS Volume 2 in October, before production of systematic samples for hybrid reporting (November 2025, for MY 2025).

Measure Changes for HEDIS MY 2026

Remove SNOMED CT codes from value sets that identify laboratory tests, imaging studies and vaccinations.

Rationale: This aligns HEDIS value sets with national interoperability standards.

HEDIS measure template formatting will be updated to align with FHIR[®] standards and enable interoperability of HEDIS measures across systems. Updating the publication format supports the transition to digital HEDIS measurement. All the information needed to calculate a HEDIS measure will remain. For information, refer to this NCQA [blog](#).

ECDS Reporting Changes for HEDIS MY 2026 and Beyond

NCQA is transitioning the following measures to ECDS-only reporting for MY 2026:

- *Statin Therapy for Patients With Diabetes.*
- *Statin Therapy for Patients With Cardiovascular Disease.*

Rationale: The ECDS transition aligns with NCQA's digital transformation strategy. Because both measures rely primarily on administrative claims data, there is likely to be little impact on measure performance.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA will allow optional ECDS reporting for *Blood Pressure Control for Patients With Diabetes*.

Rationale: NCQA proposes to remove the Hybrid Method from the measure and transition to ECDS-only reporting by MY 2028. NCQA will introduce the ECDS version for optional reporting alongside the Hybrid Method in MY 2026, and will implement a 2-year transition period before removing the hybrid version. Refer to this NCQA [blog](#) for the proposed timeline.

Refer to www.ncqa.org/ecds for updates on ECDS reporting.