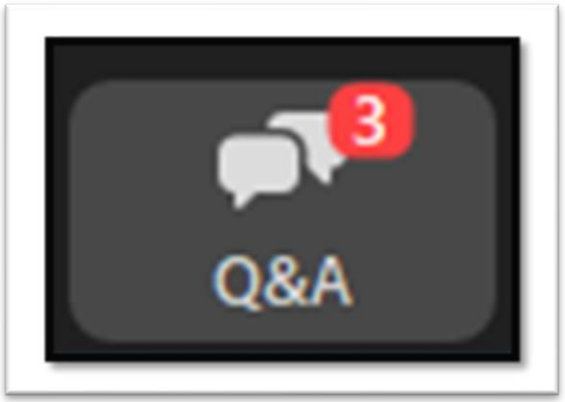
State Discussion: Public Comment for HEDIS Measures

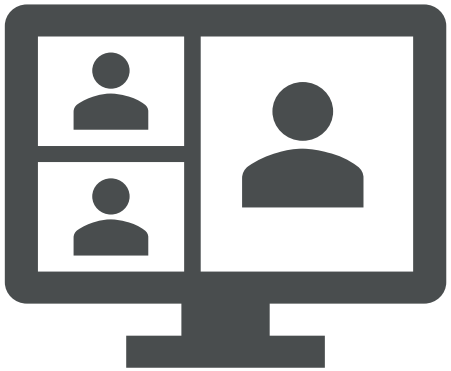
February 27, 2025

Housekeeping



Ask Now

Enter your questions in the Q&A function in Zoom



Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

Agenda

- OVERVIEW OF MEASURES OUT FOR PUBLIC COMMENT
- PROPOSED CHANGES TO EXISTING HEDIS MEASURES
- PROPOSED NEW HEDIS MEASURES
- PROPOSED NEW MEASURES FOR DIABETES RECOGNITION PROGRAM

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Public Comment Overview

Proposed Changes to Existing HEDIS Measures
Social Need Screening and Intervention (SNS-E)
Adult Immunization Status (AIS-E)
Lead Screening in Children (LSC-E)
Follow-Up After High-Intensity Care for Substance Use (FUI)
Statin Therapy for Patients With Cardiovascular Disease (SPC)
Statin Therapy for Patients With Diabetes (SPD)
Proposed New HEDIS Measures
Tobacco Use Screening and Cessation Intervention (TSC-E)
Follow-Up After Acute Care Visits for Asthma (AAF-E)
Disability Description of Membership (DDM)
HEDIS Measure Retirement
Asthma Medication Ratio (AMR)
Cross-Cutting Item for HEDIS
Alignment with Updated Federal Standards for Race and Ethnicity
Proposed New Measures for the Diabetes Recognition Program
Statin Therapy Prescription
Depression Screening and Follow-Up
Continuous Glucose Monitoring Utilization

Polling Question #1

Have you participated in NCQA public comment on measures in the past?

A. Yes, I submit comments nearly every year.

B. Yes, I have submitted comments once or twice.

C. No, but I do participate in the CMS Core set public comment process.

D. No, I have never submitted comments on NCQA measures.

Proposed HEDIS Updates

Chrissy Craig, Senior Health Care Analyst

Proposed Changes to Existing HEDIS Measures

Measurement Year 2026

Measure	Proposed Changes	Product Line
Social Need Screening and Intervention (SNS-E)	• Add G0136 Assessment Code to the Screening Numerator • Add Z Codes to Intervention Denominator • Add G codes (G0019, G0023, G0140) to the Intervention Numerator • Remove “Assessments” from the Intervention Numerator	Commercial Medicaid Medicare
Adult Immunization Status (AIS-E)	• Proposed addition of the COVID-19 status indicator	Commercial Medicaid Medicare
Lead Screening in Children (LSC-E)	• Transition measure to ECDS-only reporting	Medicaid

Follow-Up After High-Intensity Care for Substance Use (FUI)	• Numerator:
	  • Allow a Substance Abuse Disorder (SUD) diagnosis in any diagnosis position
	  • Add peer support services as a follow-up option
	  • Remove pharmacotherapy dispensing events as a follow-up
		Commercial
		Medicaid
		Medicare

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Polling Question #2

Which measures do you currently or plan to use in your quality evaluation or incentive programs:

A. Social Need Screening and Intervention (SNS-E)

B. Adult Immunization Status (AIS-E)

C. Lead Screening in Children (LSC-E)

D. Follow-Up After High Intensity Care for Substance Use (FUI)

Proposed Measure Retirement

Measurement Year 2026

Asthma Medication Ratio (AMR)

Measure Description: Assesses the percentage of members ages 5-64 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Product Lines: Commercial, Medicaid

Reporting Method: Administrative

Exclusions: None

Polling Question #3

Do you support the retirement of Asthma Medication Ratio (AMR)?

A. Support retirement

B. Do not support retirement

C. I need more information

D. No opinion

Questions

Proposed New Measures

Polina Lissin, Senior Health Care Analyst

Tobacco Use Screening and Cessation Intervention

Measure Description

Measure Description: Percentage of persons 12 years of age and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or the 180 days prior to the measurement period if identified as a tobacco user. Two rates are reported:

- Tobacco Use Screening Performance Rate
- Cessation Intervention Performance Rate

Product Line: Medicare, Medicaid, and Commercial

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Hospice and death

Follow-Up After Acute Care Visits for Asthma

Measure Description

Measure Description: The percentage of acute urgent care, emergency department (ED) or hospitalizations (inpatient and observation stays) for persons 5-64 years of age with a principal diagnosis of asthma that had a corresponding outpatient follow-up visit within 30 days.

Product Line: Commercial, Medicaid

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Death; hospice; diagnosis of acute respiratory failure, emphysema or cystic fibrosis

Disability Description of Membership

Measure Description

Measure Description: Describes the disability status of members 15 years of age and older enrolled any time during the measurement year, including information by data source and disability type.

- **Data Source**: Self-Reported Questionnaire, Accommodations, Enrollment Data
- **Disability Type**: Hearing, Seeing, Concentrating, Walking, Dressing or Bathing, Completing Errands, Communicating, Other Disability Type

Product Lines: Commercial, Medicaid, Medicare

Reporting Method: Administrative

Exclusions: None

Questions

New Measures for the Diabetes Recognition Program

Gabby Kyle-Lion, Senior Health Care Analyst

NCQA

Diabetes Recognition Program

Program Description

Launched in 1997 to recognize ***clinicians*** delivering high-quality diabetes care.

Currently undergoing a **refresh**, including **new measure development**.

Measure Set – Updated Fall 2023
Glycemic Status Assessment <8.0%
Glycemic Status Assessment >9.0%
Blood Pressure Control <140/90 mmHg
Eye Examination
Foot Examination
Kidney Health Evaluation
Smoking and Tobacco Use Screening and Follow-Up

- Annual recognition
- Population-based, or random sample of 250
- Digital specifications in CQL with FHIR standards

+

- Statin Therapy Prescription
- Depression Screening and Follow-Up
- Continuous Glucose Monitoring Utilization *

Statin Therapy Prescription

Measure Description

Measure Description: The percentage of patients 40–75 years of age with diabetes and evidence of statin therapy during the measurement period.

Universal Exclusions: Death, hospice, palliative care, long-term nursing home, frailty with advanced illness.

Measure-Specific Exclusions: <40, pregnancy, IVF, clomiphene, ESRD, dialysis, cirrhosis, muscular pain and disease, muscular reactions to statins.

Level of Accountability: Clinician (*Diabetes Recognition Program*).

Depression Screening and Follow-Up

Measure Description

Measure Description: The percentage of patients 18–75 years of age with diabetes who received appropriate depression screening and follow-up during the measurement period. *Two rates are reported:*

1. Individuals who were screened and had a negative result and no positive results for clinical depression during the measurement period, or
2. Individuals who were screened, had a positive result for clinical depression during the measurement period and received appropriate follow-up.

Universal Exclusions: Death, hospice, palliative care, long-term nursing home, frailty with advanced illness.

Measure-Specific Exclusions: Bipolar disorder, depression.

Level of Accountability: Clinician (*Diabetes Recognition Program*).

Continuous Glucose Monitoring Utilization

Measure Description

Measure Description: The percentage of patients 18–75 years of age with diabetes who utilized continuous glucose monitoring (CGM) during the measurement period. *Two rates are reported:*

1. Individuals with type 1 diabetes and evidence of CGM use during the measurement period.
2. Individuals with diabetes, minus rate 1, with use of basal insulin, multiple daily injections or continuous insulin infusion and evidence of CGM use during the measurement period.

Universal Exclusions: Death, hospice, palliative care, long-term nursing home, frailty with advanced illness.

Level of Accountability: Clinician (*Diabetes Recognition Program*).

Polling Question #4

Are you familiar with the NCQA Diabetes Recognition Program (DRP)?

A. Yes, I am very familiar

B. A little bit—I've heard of it

C. I am not familiar, but I'd like to learn more

D. I am not familiar, and I am not interested

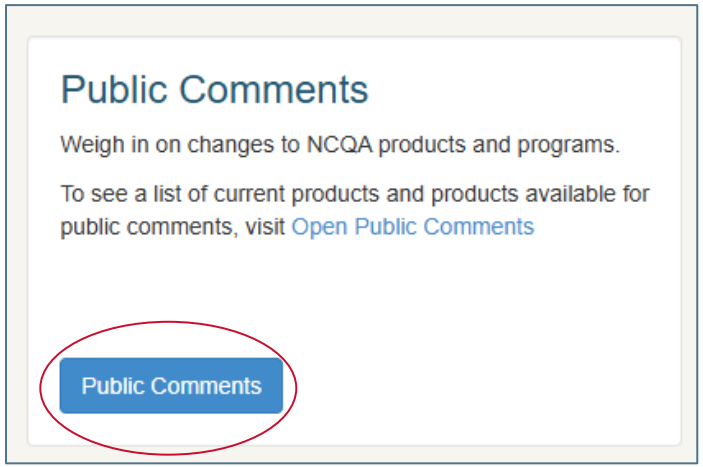
Questions

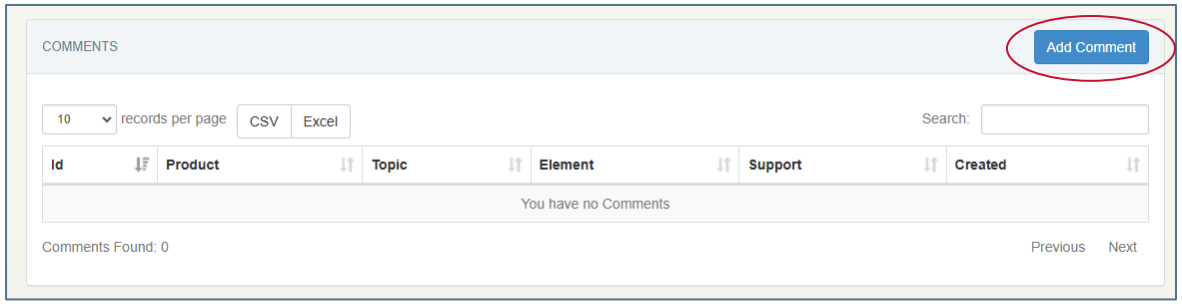
How to View Recommendations

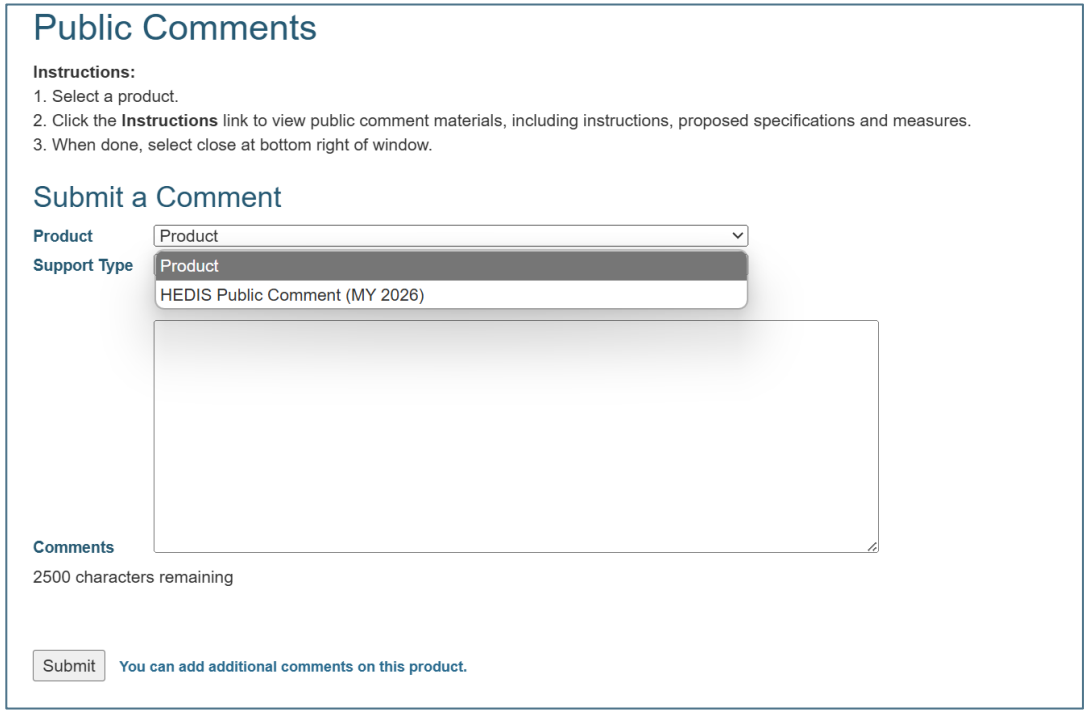
- **NCQA's Public Comment Website:** https://www.ncqa.org/about-ncqa/contact-us/public-comments/

How to Submit Comments

- **Your My.NCQA.org account (https://my.ncqa.org/)**







Questions

Polling Question #5

Would you be interested to talk to a NCQA State Affairs team member to discuss the changes presented today in more detail?

A. Yes, I would like to meet.

B. No, I would not like to meet.

C. No, but I will be participating in public comment.

D. Unsure if I would like to meet.

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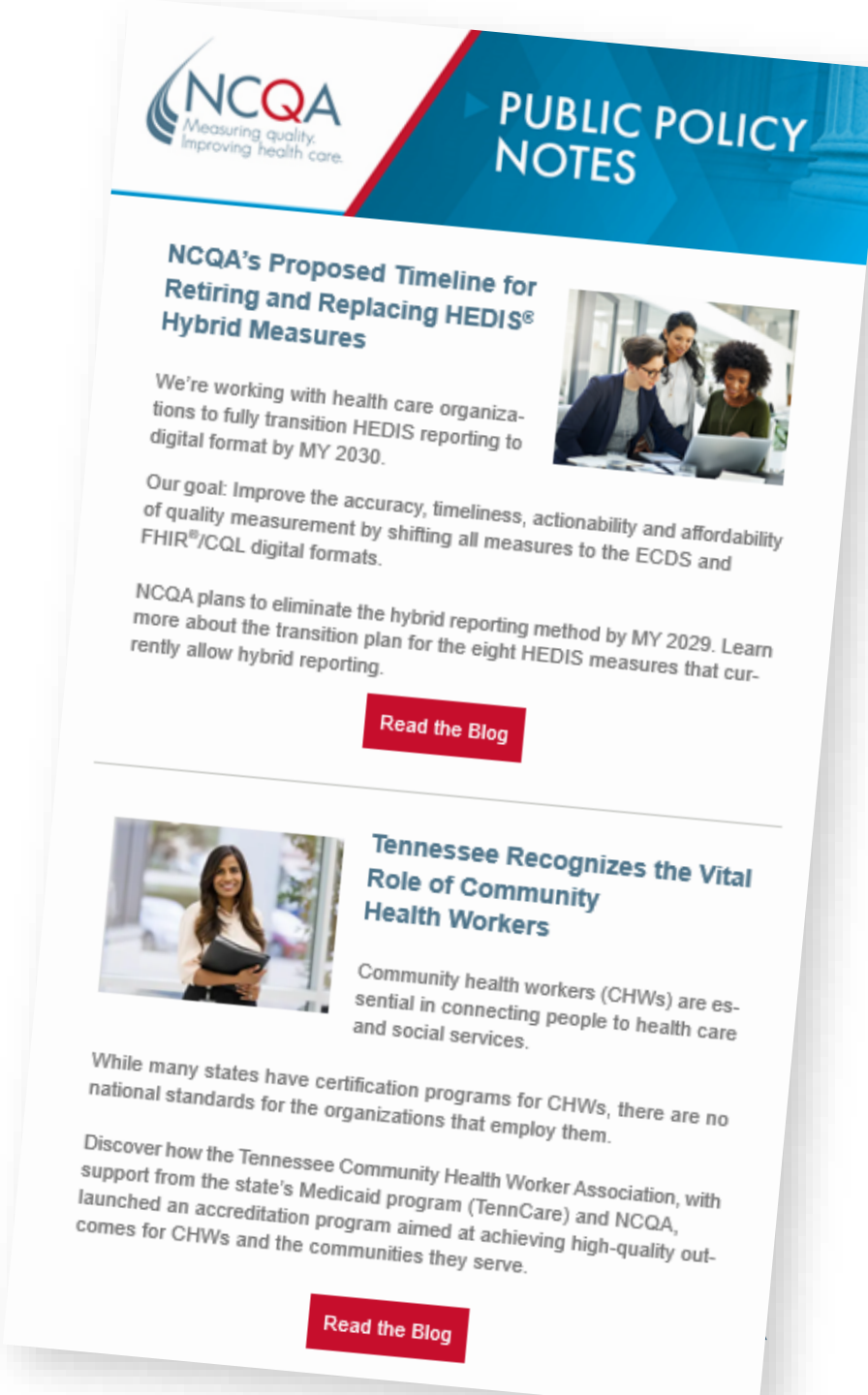

Save the Date

NCQA HEALTH QUALITY FORUM

April 7-8, 2025
Baltimore, MD

Register now!
ncqaforum.org

NCQA HEALTH INNOVATION SUMMIT

October 13-15, 2025
San Diego, CA

NCQA Upcoming Events- Register Now!

Be Part of the Process: Public Comment for Updates to NCQA Standards

March 5, 3-4pm ET

We'll give you an overview of proposed changes open for public feedback, and their impact on our Accreditation programs, including Utilization Management Accreditation.

You'll learn about:

- Proposed new data collection requirements for utilization management and prior authorization within 2026 UM Accreditation, Health Plan Accreditation and MBHO Accreditation.
- Changes to MBHO Accreditation standard categories for 2026.
- New elements for Health Plan Accreditation.
- Updates to public reporting of LTSS measures in Quality Compass MY 2027.

Register here!

NCQA
Thank you