

TO: Interested Parties
FROM: Jenna Barry, Assistant Director, Policy Measures
DATE: February 2025
RE: HEDIS^{®1} MY 2024 Measure Trending Determinations

This memo has been updated to include edits to the Osteoporosis Management in Women Who Had a Fracture (OMW), Plan All-Cause Readmissions (PCR), Hospitalization Following Discharge From a Skilled Nursing Facility (HFS), Acute Hospital Utilization (AHU), Emergency Department Utilization (EDU), Hospitalization for Potentially Preventable Complications (HPC) and Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH) measures. After review and feedback from external stakeholders, we determined that a caution flag in trending is needed for OMW and a break in trending is needed for all risk adjusted measures. Detailed changes from the previous version of the memo, released in June 2024, are highlighted below.

This memo communicates trending determinations for measures in the HEDIS MY 2024 Volume 2 Technical Specifications that will be reported publicly. Determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

Trending determinations are predictions based on specification changes and are meant as information only. NCQA does not predict rate increase or decrease from the prior year. Final trending determinations will be released in Quality Compass.

HEDIS Compliance Auditors will continue to benchmark all measures, regardless of trending determinations, to assess whether rate changes align with NCQA's predictions or are organization specific. Do not rely solely on this memo as an explanation for rate and performance changes.

Trending Determinations by Measure

The following measures had revisions for HEDIS MY 2024 that may affect trending. For these measures, we recommend:

1. Allow trending with caution (specification changes may cause fluctuation in results compared with the prior year), *or*
2. Do not allow trending by breaking the link to the prior year's measure results.

Submit questions about this memo to NCQA staff through [My NCQA](#).

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Glycemic Status Assessment for Patients With Diabetes (GSD)

Change:

- Added glucose management indicator as an option to meet numerator criteria.
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Moved previously listed exclusions to required exclusions.

Anticipated Trending Determination: Add caution flag to all product lines due to changes to the denominator and addition of GMI to the numerator. Changes could result in increased performance among plans.

Blood Pressure Control for Patients With Diabetes (BPD), Eye Exam for Patients With Diabetes (EED), Kidney Health Evaluation for Patients With Diabetes (KED), Statin Therapy for Patients With Diabetes (SPD), Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Change:

- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.

Anticipated Trending Determination: Add caution flag to all product lines due to changes to the denominator that could result in increased performance among plans.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Change:

- Renamed “Step 4: Required exclusions” to “Step 4.”

Anticipated Trending Determination: Add caution flag to the Medicare product line due to changes to the denominator. Supplemental data can no longer be used to identify exclusions in step 4. Changes could result in decreased performance among plans.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Change:

- Updated the Required exclusions.
- Updated the Diabetes Medications table.

Anticipated Trending Determination: Add caution flag to the Medicaid product line due to changes to required exclusions. These changes could result in increased performance among plans.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Change: Added long acting injections 35, 104 and 201 days supply medications lists to the Long-Acting Injections table in the numerator.

Anticipated Trending Determination: Add caution flag to all product lines due to the expansion of the days supply for paliperidone palmitate.

Use of Imaging Studies for Low Back Pain (LBP)

Change: Revised the age criteria to 18–75 years as of December 31 of the measurement year.

Anticipated Trending Determination: Add caution flag to all product lines for all measures due to changes to age criteria.

Prenatal and Postpartum Care (PPC), Prenatal Immunization Status (PRS-E), Prenatal Depression Screening and Follow-Up (PND-E), Postpartum Depression Screening and Follow-Up (PDS-E)

Change: Updated event/diagnosis criteria to clarify which delivery is counted when there are multiple deliveries.

Anticipated Trending Determination: Add caution flag to all product lines due to updates to the event/ diagnosis criteria to remove multiple deliveries in a 180-day period.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Change:

- Updated required exclusion criteria for identifying conditions for which first-line antipsychotic medications may be clinically appropriate.
- Added Residential Behavioral Health Treatment Value Set to the numerator.

Anticipated Trending Determination: Add caution flag to all product lines due to changes to required exclusion criteria and addition of residential behavioral health treatment centers to numerator criteria.

Plan All-Cause Readmissions (PCR), Hospitalization Following Discharge From a Skilled Nursing Facility (HFS), Acute Hospital Utilization (AHU), Emergency Department Utilization (EDU), Hospitalization for Potentially Preventable Complications (HPC), Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH)

Change: Recalibration of risk weight tables.

Anticipated Trending Determination: Break in trending for all product lines for all measures due to recalibration of risk weight tables.