

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

This memo communicates trending determinations for measures in the HEDIS MY 2025 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 2025 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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Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Therapy for Patients With Diabetes (SPD)

Change:

- Added a required exclusion for muscular reactions to statins.

Anticipated Trending Determination: **Caution flag for all product lines** due to the changes made to the required exclusions criteria.

Eye Exam for Patients With Diabetes (EED)

Change:

- Moved bilateral eye enucleation from the numerator to required exclusions.
- Added new criteria for identifying numerator events.
- Removed the Hybrid Data Collection Method.
- Added a required exclusion for bilateral absence of eyes.

Anticipated Trending Determination: **Break in trending for all product lines** due to the removal of the hybrid method and changes made to the numerator.

Follow-Up After Hospitalization for Mental Illness (FUH)

Change:

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim.
- Added phobia, anxiety and additional intentional self-harm diagnoses to the denominator in the event/ diagnosis.
- Added visits with any diagnosis of a mental health disorder to the numerator.
- Added peer support and residential treatment services to the numerator.

Anticipated Trending Determination: **Break in trending for all product lines** due to significant changes during re-evaluation.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Change:

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the claim.
- Added phobia, anxiety and additional intentional self-harm diagnoses to the denominator in the event/ diagnosis.
- Modified the numerator criteria to allow a mental health diagnosis to take any position on the claim.
- Deleted visits that required both a mental health diagnosis and self-harm diagnosis from the numerator.
- Added peer support services and residential treatment to the numerator.
- Added visits in a behavioral healthcare setting and psychiatric collaborative care management services to the numerator.
- Deleted the mental health diagnosis requirement for partial hospitalization/ intensive outpatient visits, community mental health center visits and electroconvulsive therapy.
- Added a note to clarify that events that meet both eligible population and numerator criteria should not be included in the numerator.

Anticipated Trending Determination: Break in trending for all product lines due to significant changes during re-evaluation.

Use of Imaging Studies for Low Back Pain (LBP)

Change:

- Added a diagnosis of osteoporosis to required exclusions.

Anticipated Trending Determination: Caution flag for all product lines due to the changes made to the required exclusions criteria.

Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

Change:

- Added anticholinergic drugs to the History of Falls rate.
- Updated medication tables based on latest clinical guidelines.
- Removed the Total rate.

Anticipated Trending Determination: Break in trending for Rate 1: History of Falls due to the addition of a new anticholinergic drug category.

Break in trending for Rate 2: Dementia due to modifications made to the medication list tables.

Note: Rate 3: Chronic Kidney Disease remains trendable for MY 2025.

Use of High-Risk Medications in Older Adults (DAE)

Change:

- Updated medications to reflect recommendations from the American Geriatrics Society Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults.

Anticipated Trending Determination: Break in trending for all rates due to updates made to the medication lists.

Well-Child Visits in the First 30 Months of Life (W30), Child and Adolescent Well-Care Visits (WCV)

Change:

- Removed telehealth well visits from the numerator.

Anticipated Trending Determination: Caution flag for all product lines due to the removal of telehealth visits from the numerator.

Breast Cancer Screening (BCS-E)

Change:

- Revised the age range from 52–74 years of age to 42–74 years of age.

Anticipated Trending Determination: Other, see note below.

Note:

- The following are new age stratifications for all product lines:
 - 42-51 years of age.
 - Total.
- The age stratification of 52-74 years remains trendable for all product lines.

Immunizations for Adolescents (IMA-E)

Change:

- Added the pentavalent meningococcal vaccine to the meningococcal indicator numerator and expanded the age range from 11-13 years of age to 10-13 years of age.

Anticipated Trending Determination: **Caution flag for all product lines** for the Meningococcal Rate, Combination 1 Rate and Combination 2 Rate due to updates to the meningococcal indicator.

Adult Immunization Status (AIS-E)

Change:

- Removed the herpes zoster live vaccine from the herpes zoster immunization indicator.
- Revised the numerator criteria of the herpes zoster vaccine to on or after October 20, 2017, through the end of the measurement period.

Anticipated Trending Determination: **Break in trending for all product lines** for the herpes zoster rate due to significant edits made to this indicator.

Note: *The hepatitis B immunization indicator is new for MY 2025 and is not trendable.*